

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90232 014 ****61.25

DOCUMENT # N95000005507

1. Entity Name
THE CYPRESS POINTE RESORT II CONDOMINIUM ASSOCIA

Principal Place of Business 12016 TURTLE CAY CIRCLE ORLANDO FL 32836	Mailing Address 6880 LAKE ELLENOR DR STE 103 ORLANDO FL 32809-4602
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00029007



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **59-3377247** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**DIROCCO, ANNA M.
 1781 PARK CENTER DRIVE
 ORLANDO FL 32835**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME DP BRUNNING, RUSSELL W STREET ADDRESS 1781 PARK CENTER DRIVE CITY-ST-ZIP ORLANDO FL 32835	<input checked="" type="checkbox"/> Delete
TITLE NAME ST COHEN, ANN STREET ADDRESS 1781 PARK CENTER DRIVE CITY-ST-ZIP ORLANDO FL 32835	<input type="checkbox"/> Delete
TITLE NAME VP DIROCCO, ANNA M STREET ADDRESS 1781 PARK CENTER DRIVE CITY-ST-ZIP ORLANDO FL 32835	<input checked="" type="checkbox"/> Delete
TITLE NAME D WILKS, WILLIAM STREET ADDRESS 1781 PARK CENTER DRIVE CITY-ST-ZIP ORLANDO FL 32835	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME PD Jeanne Streeter STREET ADDRESS 6880 Lake Ellenor Dr. Suite 102 CITY-ST-ZIP Orlando, FL 32809	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME Jeanne Qualls VPS STREET ADDRESS 8051 Treasure Cay Lane CITY-ST-ZIP Orlando, FL 32836	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE 02/5/00 407/532-1455
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)