

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90105 048 ****61.25

0026969

DOCUMENT # N95000005507

1. Entity Name

THE CYPRESS POINTE RESORT II CONDOMINIUM ASSOCIA

Principal Place of Business

Mailing Address

12016 TURTLE CAY CIRCLE
 ORLANDO FL 32836

6880 LAKE ELLENOR DR
 STE 103
 ORLANDO FL 32809

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

4. FEI Number

59-3377247

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

DIROCCO, ANNA M.
1781 PARK CENTER DRIVE
ORLANDO FL 32835

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD STREETER, JEANNE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6880 LAKE ELLENOR DR. SUITE 102	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE NAME	ST COHEN, ANN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1781 PARK CENTER DRIVE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE NAME	VPD QUALLS, JEANNE	<input type="checkbox"/> Delete
STREET ADDRESS	8651 TREASURE CAY LANE	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	PD David Rice	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	12179 S. Apopka Vineland Rd. #607	
CITY-ST-ZIP	Orlando, FL 32836	
TITLE NAME	VD Jeanne Balthazor	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1781 Park Center Drive	
CITY-ST-ZIP	Orlando, FL 32835	
TITLE NAME	STD John Johnson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	12179 S. Apopka Vineland Rd. #607	
CITY-ST-ZIP	Orlando, FL 32836	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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 _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01

(407) 238-3228

Date

Daytime Phone #

CR2E037 (10/00)