

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90291 016 ****61.25

DOCUMENT # N95000005507

1. Entity Name
**THE CYPRESS POINTE RESORT II CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**8651 TREASURE CAY LANE
ORLANDO, FL 32836**

Mailing Address
**P.O. BOX 540669
MERRITT ISLAND, FL 32954**

50050785



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05042005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3377247

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BECKER & POLIAKOFF, P.A.
2500 MAITLAND CENTER PARKWAY
SUITE 209
MAITLAND, FL 32751**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME TILTON, RHONDA
STREET ADDRESS 8651 TREASURE CAY LANE
CITY-ST-ZIP ORLANDO, FL 32836

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☒ Delete
NAME CARTER, JOHN
STREET ADDRESS 8651 TREASURE CAY LANE
CITY-ST-ZIP ORLANDO, FL 32836

TITLE STD ☐ Change ☐ Addition
NAME JOHN CARTER
STREET ADDRESS 8651 TREASURE CAY LANE
CITY-ST-ZIP ORLANDO FL 32836

TITLE VD ☒ Delete
NAME MUNIZ, JAMES
STREET ADDRESS 8651 TREASURE CAY LANE
CITY-ST-ZIP ORLANDO, FL 32836

TITLE VD ☐ Change ☐ Addition
NAME AMIE DOETZER
STREET ADDRESS 8651 TREASURE CAY LANE
CITY-ST-ZIP ORLANDO FL 32836

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #