

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 30, 2006 08:00 AM**  
**Secretary of State**

**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**

**DO NOT WRITE IN THIS SPACE**



05242006 No Chg-NP CR2E037 (4/06)

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**

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by September 6, 2006**

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

**10. OFFICERS AND DIRECTORS**

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

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

TITLE: VD  
 NAME: DOETZER, AMIE  
 STREET ADDRESS: 8651 TREASURE CAY LANE  
 CITY-ST-ZIP: ORLANDO, FL 32836

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

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 05/30/06-80007-001 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Rhonda M. Tilton 5-23-06 407-697-3096  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #