

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 27, 2009
Secretary of State**

DOCUMENT# N95000005507

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

Current Principal Place of Business:

8651 TREASURE CAY LANE
ORLANDO, FL 32836

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 540669
MERRITT ISLAND, FL 32954

New Mailing Address:

FEI Number: 59-3377247 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CARTER, JOHN
Address: 8651 TREASURE CAY LANE
City-St-Zip: ORLANDO, FL 32836

Title: VD () Delete
Name: RIDDLE, LINDA
Address: 8651 TREASURE CAY LN
City-St-Zip: ORLANDO, FL 32836

Title: STD () Delete
Name: HOFFMAN, CRAIG
Address: 8651 TREASURE CAY LN
City-St-Zip: ORLANDO, FL 32836

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: RIDDLE, LINDA
Address: 8651 TREASURE CAY LN
City-St-Zip: ORLANDO, FL 32836

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG HOFFMAN

Electronic Signature of Signing Officer or Director

STD

04/27/2009

Date