

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005507

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**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:**

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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: P  
Name: HOFFMAN, CRAIG  
Address: 44 PALISADES RD.  
City-St-Zip: OLD BRIDGE, NJ 08857

Title: VP  
Name: RIDDLE, LINDA  
Address: 10600 WEST CHARLESTON BLVD  
City-St-Zip: LAS VEGAS, NV 89135

Title: D  
Name: CARSTENSEN, JEFFREY  
Address: 3520 60TH ST, APT 24  
City-St-Zip: MOLINE, IL 61265

I hereby 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 all other like empowered.

SIGNATURE: CRAIG HOFFMAN

P

04/30/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date