


**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91803 018 \*\*\*\*61.25

**DOCUMENT #** N95000005507  
1. Entity Name  
The Cypress Pointe Resort II Condo.Assoc. Inc



**DO NOT WRITE IN THIS SPACE**

11042083

2. Principal Place of Business  
8651 Treasure Cay Lane  
Suite, Apt. #, etc.

3. Mailing Address  
P. O. Box 540669  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Orlando Fl

City & State  
Merritt Island Fl

4. FEI Number  
59-3377247

Applied For  
Not Applicable

Zip  
32836

Country  
USA

Zip  
32954

Country  
USA

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)  
1200 South Pine Island Road

Plantation

City  
Plantation

FL

Zip Code  
33324

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FEE IS \$61.25 Initial or Amended UBR**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Muniz, James 8651 Treasure Cay Lane Orlando FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Deowdhat, Sue 8651 Treasure Cay Lane Orlando FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Tilton, Rhonda 8651 Treasure Cay Lane Orlando FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **4-30-03** **407-597-3096**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #