

**FILED**  
**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90126 006 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N98000003179**

1. Corporation Name

**CYPRESS POINTE II AT CARLTON LAKES, INC.**

Principal Place of Business

2405 PIPER BLVD.  
 NAPLES FL 34110

Mailing Address

2405 PIPER BLVD.  
 NAPLES FL 34110



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/01/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				65-0902434	
22. City & State		27. City & State		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
23. Zip		28. Zip		6. Election Campaign Financing	
				<input type="checkbox"/> Trust Fund Contribution	
24. Country		29. Country		30. Country	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SWALM & MURRELL, P.A. 2375 TAMIALI TRAIL N., SUITE 308 NAPLES FL 33940				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. City			
				FL		85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAUSSEN, CHRISTOPHER G		1.2 NAME		
STREET ADDRESS	2405 PIPER BOULEVARD		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34110		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAUSSEN, ROBERT G		2.2 NAME		
STREET ADDRESS	2405 PIPER BPULEVARD		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34110		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERLING, JACK		3.2 NAME		
STREET ADDRESS	2405 PIPER BOULEVARD		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34110		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jack Sterling DATE: 1/18/99 DAYTIME PHONE: 941-595-9067

CR2E037 (1/198)