

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90068 013 ****61.25

DOCUMENT # N98000006812

1. Entity Name



CYPRESS SPRINGS II HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

444 W. NEW ENGLAND AVE
STE B
WINTER PARK FL 32712

444 W. NEW ENGLAND AVE
STE B
WINTER PARK FL 32712

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3548664

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALCOM, THOMAS D
C/O SPECIALTY MGMT. CO.
444 W. NEW ENGLAND AVE
WINTER PARK FL 32712

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when remaining)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
O'HARA, CHARLES D
120 FAIRWAY WOODS BOULEVARD
ORLANDO FL 32824 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Wright, Christopher S.
120 Fairway Woods Blvd
Orlando, FL 32824 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
HAWKS, CANDICE
120 FAIRWAY WOODS BOULEVARD
ORLANDO FL 32824 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
ERSKINE, CINDY L
120 FAIRWAY WOODS BOULEVARD
ORLANDO FL 32824 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Christopher S. Wright*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02 (407) 240-0044
Date Daytime Phone #