

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 14, 2006
Secretary of State**

DOCUMENT# N98000006812

Entity Name: CYPRESS SPRINGS II HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3548664 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC
2180 W SR 434, STE 5000
LONGWOOD, FL 327795044 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: CRAWFORD, TERRY
Address: 2400 CYPRESS TRACE CIRCLE
City-St-Zip: ORLANDO, FL 32825

Title: VPD () Delete
Name: RUBINI, STEVE
Address: 10020 VALLEY ROSE COURT
City-St-Zip: ORLANDO, FL 32825

Title: SD () Delete
Name: SEITZ, DEBORAH
Address: 2155 AUTUMN VIEW DRIVE
City-St-Zip: ORLANDO, FL 32825

Title: TD () Delete
Name: BOYNTON, SCOTT
Address: 2228 CYPRESS TRACE CIR
City-St-Zip: ORLANDO, FL 32825

Title: D () Delete
Name: FORSTER, ROBERT
Address: 10556 SUNRISE TERRACE
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BOYNTON, SCOTT
Address: 2228 CYPRESS TRACE CIRCLE
City-St-Zip: ORLANDO, FL 32825

Title: VPD (X) Change () Addition
Name: FRANCHINA, LISA
Address: 10501 STONE GLEN DR
City-St-Zip: ORLANDO, FL 32825

Title: SD (X) Change () Addition
Name: WIECKOWSKI, LEN
Address: 10433 STONE GLEN DR
City-St-Zip: ORLANDO, FL 32825

Title: TD (X) Change () Addition
Name: FOSTER, ED
Address: 10312 JASMINE ROSE CT
City-St-Zip: ORLANDO, FL 32825

Title: D (X) Change () Addition
Name: CONNELLY, TOM
Address: 10620 SPRINGS HAMMOCK WAY
City-St-Zip: ORLANDO, FL 32825

I hereby certify that the information supplied with this filing does not qualify for the 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: SCOTT BOYNTON

PD

03/14/2006

Electronic Signature of Signing Officer or Director

Date