

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Sep 07, 2006
Secretary of State**

DOCUMENT# N98000006812

Entity Name: CYPRESS SPRINGS II HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**2228 CYPRESS TRACE CIR
ORLANDO, FL 32825**New Principal Place of Business:**1750 WEST BROADWAY STREET
118
OVIEDO, FL 32765**Current Mailing Address:**2228 CYPRESS TRACE CIR
ORLANDO, FL 32825**New Mailing Address:**1750 WEST BROADWAY STREET
118
OVIEDO, FL 32765

FEI Number: 59-3548664

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:**Name and Address of New Registered Agent:**COMMUNITY MANAGEMENT SPECIALISTS, INC.
1750 WEST BROADWAY STREET
118
OVIEDO, FL 32765 US

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: KEVIN M. DAVIS

09/07/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: BOYNTON, SCOTT
Address: 2228 CYPRESS TRACE CIRCLE
City-St-Zip: ORLANDO, FL 32825Title: VPD () Delete
Name: FRANCHINA, LISA
Address: 10501 STONE GLEN DR
City-St-Zip: ORLANDO, FL 32825Title: SD () Delete
Name: WIECKOWSKI, LEN
Address: 10433 STONE GLEN DR
City-St-Zip: ORLANDO, FL 32825Title: TD () Delete
Name: FOSTER, ED
Address: 10312 JASMINE ROSE CT
City-St-Zip: ORLANDO, FL 32825Title: D () Delete
Name: CONNELLY, TOM
Address: 10620 SPRINGS HAMMOCK WAY
City-St-Zip: ORLANDO, FL 32825**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

P

09/07/2006

Electronic Signature of Signing Officer or Director

Date