
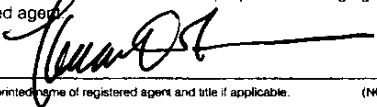



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90011 045 ****61.25

DOCUMENT # N98000006812					
1. Entity Name CYPRESS SPRINGS II HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1750 WEST BROADWAY STREET 118 OVIDO, FL 32765			Mailing Address 1750 WEST BROADWAY STREET 118 OVIDO, FL 32765		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3548664	
Zip		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COMMUNITY MANAGEMENT SPECIALISTS, INC. 1750 WEST BROADWAY STREET 118 OVIDO, FL 32765				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
8. The above named entity submits the 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: 				DATE: 3/20/07	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	D
NAME	BOYNTON, SCOTT			NAME	Gainer, Jan
STREET ADDRESS	2228 CYPRESS TRACE CIRCLE			STREET ADDRESS	2491 Cypress Trace Circle
CITY-ST-ZIP	ORLANDO, FL 32825			CITY-ST-ZIP	Orlando, FL 32825
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	D
NAME	FRANCHINA, LISA			NAME	Sertz, Debbie
STREET ADDRESS	10501 STONE GLEN DR			STREET ADDRESS	2155 Autumn View Drive
CITY-ST-ZIP	ORLANDO, FL 32825			CITY-ST-ZIP	Orlando, FL 32825
TITLE	SD	<input type="checkbox"/> Delete		TITLE	D
NAME	WIECKOWSKI, LEN			NAME	wieckowski, Len
STREET ADDRESS	10433 STONE GLEN DR			STREET ADDRESS	10433 Stone Glen Dr
CITY-ST-ZIP	ORLANDO, FL 32825			CITY-ST-ZIP	Orlando, FL 32825
TITLE	TD	<input type="checkbox"/> Delete		TITLE	D
NAME	FOSTER, ED			NAME	Thomas, Don
STREET ADDRESS	10312 JASMINE ROSE CT			STREET ADDRESS	1437 Amaryllis circle
CITY-ST-ZIP	ORLANDO, FL 32825			CITY-ST-ZIP	Orlando, FL 32825
TITLE	D	<input type="checkbox"/> Delete		TITLE	SD
NAME	CONNELLY, TOM			NAME	Connelly, Tom
STREET ADDRESS	10620 SPRINGS HAMMOCK WAY			STREET ADDRESS	10620 Springs Hammock Way
CITY-ST-ZIP	ORLANDO, FL 32825			CITY-ST-ZIP	Orlando, FL 32825
TITLE		<input type="checkbox"/> Delete		TITLE	D
NAME				NAME	Bonet, Elizabeth
STREET ADDRESS				STREET ADDRESS	1418 Amaryllis circle
CITY-ST-ZIP				CITY-ST-ZIP	Orlando, FL 32825
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 				Date: 2-26-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 407-839-2000	