


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90053 027 ****61.25

DOCUMENT # N98000006812

1. Entity Name
 CYPRESS SPRINGS II HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 1750 WEST BROADWAY STREET
 118
 OVIEDO, FL 32765

Mailing Address
 1750 WEST BROADWAY STREET
 118
 OVIEDO, FL 32765



2. Principal Place of Business - No P.O. Box #
 1750 W. Broadway St.
 Suite, Apt. #, etc.
 Suite #220

3. Mailing Address
 PO BOX 620368
 Suite, Apt. #, etc.
 6

01112008 Chg-NP CR2E037 (12/06)

City & State
 Oviedo, FL

City & State
 Oviedo, FL

Zip
 32765

Country
 USA

Zip
 32762

Country
 USA

4. FEI Number
 59-3548664

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

7. Name and Address of New Registered Agent

Name
 Kevin Davis

Street Address (P.O. Box Number is Not Acceptable)
 1750 W. Broadway St.

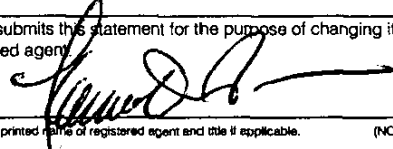
Suite #220

City
 Oviedo

FL

Zip Code
 32762

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: 2/5/08

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	GAYNOR, JAN	<input type="checkbox"/> Delete
STREET ADDRESS	2491 CYPRESS TRACE CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	VPO	<input type="checkbox"/> Delete
NAME	FRANCHINA, LISA	
STREET ADDRESS	10501 STONE GLEN DR	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	D	<input type="checkbox"/> Delete
NAME	WIECKOWSKI, LEN	
STREET ADDRESS	10433 STONE GLEN DR	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FOSTER, ED	
STREET ADDRESS	10312 JASMINE ROSE CT	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CONNELLY, TOM	
STREET ADDRESS	10620 SPRINGS HAMMOCK WAY	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SUTZ, DEBBIE	
STREET ADDRESS	2155 AUTUMN VIEW DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32825	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARCE, MARCY	
STREET ADDRESS	2221 Cypress Trace Circle	
CITY-ST-ZIP	Orlando, FL 32825	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  MARCY PEARCE 3/10/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #