2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006812

FILED Jan 20, 2009 Secretary of State

Entity Name: CYPRESS SPRINGS II HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1750 W. BROADWAY ST. **SUITE #220** OVIEDO, FL 32765 **New Mailing Address: Current Mailing Address:** PO BOX 620368 OVIEDO, FL 32762 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: DAVIS, KEVIN 1750 W. BROADWAY ST. **SUITE #220** OVIEDO, FL 32762 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition GAYNOR, JAN PEARCE, MARCY Name: Name: 2491 CYPRESS TRACE CIRCLE Address: 2221 CYPRESS TRACE CIRCLE Address: City-St-Zip: ORLANDO, FL 32825 City-St-Zip: ORLANDO, FL 32825 (X) Change () Addition Title: Title: () Delete FRANCHINA, LISA Name: FRANCHINA, LISA Name: Address: 10501 STONE GLEN DR Address: 10501 STONE GLEN DR City-St-Zip: ORLANDO, FL 32825 City-St-Zip: ORLANDO, FL 32825 Title: () Delete Title: (X) Change () Addition WIECKOWSKI, LEN WIECKOWSKI, LEN Name: Name: 10433 STONE GLEN DR 10433 STONE GLEN DR Address: Address: City-St-Zip: ORLANDO, FL 32825 City-St-Zip: ORLANDO, FL 32825 Title: () Delete Title: (X) Change () Addition Name: PEARCE, MARCY Name: PROHASKA, ROBERT 2221 CYPRESS TRACE CIRCLE 2944 DAYBREAK DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32825 City-St-Zip: ORLANDO, FL 32825 Title: () Delete Title: (X) Change () Addition CONNELLY, TOM CONNELLY, TOM Name: Name: 10620 SPRINGS HAMMOCK WAY 10620 SPRINGS HAMMOCK WAY Address: Address: City-St-Zip: ORLANDO, FL 32825 City-St-Zip: ORLANDO, FL 32825 Title: () Delete Title: () Change (X) Addition FRENDEN. KEN Name: Name: Address: Address: 2366 CYPRESS TRACE CIRCLE ORLANDO, FL 32825 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARCY PEARCE P 01/20/2009