

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90163 043 ****61.25

UBR 2003

DOCUMENT # N98000006812

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



Principal Place of Business Mailing Address

444 W. NEW ENGLAND AVE **444 W. NEW ENGLAND AVE**
STE B **STE B**
WINTER PARK FL 32712 **WINTER PARK FL 32712**

2. Principal Place of Business 3. Mailing Address

882 JACKSON AVE **882 JACKSON AVE**


Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Winter Park FL **Winter Park FL**

Zip Country Zip Country

32789 **USA** **32789** **USA**



CHECK HERE IF MAKING CHANGES

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

MALCOM, THOMAS D
C/O SPECIALTY MGMT. CO.
444 W. NEW ENGLAND AVE
WINTER PARK FL 32712

7. Name and Address of New Registered Agent

Name: **Amanda M. Vander Vliet**

Street Address (P.O. Box Number is Not Acceptable)
882 JACKSON AVE

City State Zip Code
Winter Park FL 32789

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: **Amanda M. Vander Vliet** DATE: **2/26/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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 PD	<input checked="" type="checkbox"/> Delete
NAME WRIGHT, CHRISTOPHER S	
STREET ADDRESS 120 FAIRWAY WOODS BOULEVARD	
CITY-ST-ZIP ORLANDO FL 32824	
TITLE VPD	<input type="checkbox"/> Delete
NAME HAWKS, CANDICE	
STREET ADDRESS 120 FAIRWAY WOODS BOULEVARD	
CITY-ST-ZIP ORLANDO FL 32824	
TITLE STD	<input type="checkbox"/> Delete
NAME ERSKINE, CINDY L	
STREET ADDRESS 120 FAIRWAY WOODS BOULEVARD	
CITY-ST-ZIP ORLANDO FL 32824	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Trussell, Guggell	
STREET ADDRESS 120 Fairway Woods Blvd.	
CITY-ST-ZIP Orlando, FL 32824	
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 exemption stated in Section 119.07(3)(i), 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: **CINDY L ERSKINE** DATE: **2/26/03** **(407) 240-0044 x355**

CR2E037 (10/02)