

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 15, 2004
Secretary of State**

DOCUMENT# N99000001099

Entity Name: STONEWOOD ESTATES AT CYPRESS SPRINGS II HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

882 JACKSON AVE
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

882 JACKSON AVE
WINTER PARK, FL 32789 US

New Mailing Address:

FEI Number: 59-3616766 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VANDERVLIT, AMANDA M
C/O SPECIALTY MANAGEMENT CO. OF CEN
882 JACKSON AVE
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

DAVIS, MARC
C/O SPECIALTY MANAGEMENT CO. OF CEN
882 JACKSON AVE
WINTER PARK, FL 32789 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: MARC DAVIS

04/15/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: ROBY, DEBRA
Address: 2508 STONEWOOD ESTATE LANE
City-St-Zip: ORLANDO, FL 32825

Title: PD () Delete
Name: MARTINEZ, ANGEL
Address: 10428 STONE GLEN DR
City-St-Zip: ORLANDO, FL 32825

Title: STD () Delete
Name: KREBS, CHRISTOPHER
Address: 10445 STONE GLEN DR
City-St-Zip: ORLANDO, FL 32825

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: GU, MEIYING
Address: 1913 STONE CREST COURT
City-St-Zip: ORLANDO, FL 32825

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: MECHOWSKI, LEONARD
Address: 10433 STONE GLEN DRIVE
City-St-Zip: ORLANDO, FL 32825

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DEBRA ROBY

VD

04/15/2004

Electronic Signature of Signing Officer or Director

Date