


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-27-2007 90011 048 ****61.25

DOCUMENT # N99000001099					
1. Entity Name STONEWOOD ESTATES AT CYPRESS SPRINGS II HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 10501 STONE GLEN DR ORLANDO, FL 32825 US		Mailing Address 10501 STONE GLEN DR ORLANDO, FL 32825 US			
2. Principal Place of Business - No P.O. Box # 1750 N. Broadway St Suite, Apt. #, etc. 118 City & State: Oviedo, FL Zip: 32765 Country: USA		3. Mailing Address 1750 N. Broadway St Suite, Apt. #, etc. 118 City & State: Oviedo, FL Zip: 32765 Country: USA			
		4. FEI Number 59-3616766		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIS, KEVIN M COMMUNITY MANAGEMENT SPECIALISTS, INC. 1750 WEST BROADWAY ST. #118 OVIEDO, FL 32765			7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:		
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: <i>Lisa Franchina</i> 2-26-07 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
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 type="checkbox"/> Delete	TITLE	Stephens, Lynda	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANCHINA, LISA		NAME	16507 Stone Glen Drive	
STREET ADDRESS	10501 STONE GLEN DR		STREET ADDRESS	Orlando, FL-32825	
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINILLA, MAURICO		NAME		
STREET ADDRESS	2520 STONEWOOD ESTATES LN		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP		
TITLE	ASD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, FRANK		NAME		
STREET ADDRESS	10379 STONE GLEN DR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIECKOWSKI, LEONARD		NAME		
STREET ADDRESS	10433 STONE GLEN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Lisa Franchina</i>		Date: 2-26-07		Daytime Phone #: 407-839-2000	
LISA FRANCHINA					