


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90006 005 ****61.25

DOCUMENT # N99000001099

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



Principal Place of Business
 1750 W. BROADWAY STREET
 118
 OVIEDO, FL 32765 US

Mailing Address
 1750 W. BROADWAY STREET
 118
 OVIEDO, FL 32765 US

40047596



2. Principal Place of Business - No P.O. Box #
1750 W. Broadway St

3. Mailing Address
PO Box 020368

Suite, Apt. #, etc.
Suite # 220

Suite, Apt. #, etc.

01112008 Chg-NP CR2E037 (12/06)

City & State
Oviedo, FL

City & State
Oviedo, FL

4. FEI Number
59-3616766

Applied For
 Not Applicable

Zip
32765

Country
USA

Zip
32762

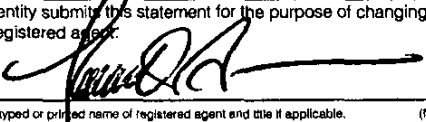
Country
USA

5. Certificate of Status Desired **\$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 **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**

Signature, typed or printed name of registered agent and title if applicable. (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 NAME STREET ADDRESS CITY-ST-ZIP	PD FRANCHINA, LISA 10501 STONE GLEN DR ORLANDO, FL 32825	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PINILLA, MAURICO 2520 STONEWOOD ESTATES LN ORLANDO, FL 32825	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD BROOKS, FRANK 10379 STONE GLEN DR ORLANDO, FL 32825	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WIECKOWSKI, LEONARD 10433 STONE GLEN DRIVE ORLANDO, FL 32825	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENS, LYNDIA 10507 STONE GLEN DR. ORLANDO, FL 32825	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **3/6/08** DAYTIME PHONE # **407-839-2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR