

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# N99000001099

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

Current Principal Place of Business:

1750 W. BROADWAY STREET
STE 220
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

1750 W. BROADWAY STREET
STE 220
OVIEDO, FL 32765 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:

DAVIS, KEVIN M
1750 W BROADWAY ST STE 220
OVIEDO, FL 32762 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: FRANCHINA, LISA
Address: 10501 STONE GLEN DR
City-St-Zip: ORLANDO, FL 32825

Title: SD () Delete
Name: PINILLA, MAURICO
Address: 2520 STONEWOOD ESTATES LN
City-St-Zip: ORLANDO, FL 32825

Title: ASD () Delete
Name: BROOKS, FRANK
Address: 10379 STONE GLEN DR
City-St-Zip: ORLANDO, FL 32825

Title: VPD () Delete
Name: WIECKOWSKI, LEONARD
Address: 10433 STONE GLEN DRIVE
City-St-Zip: ORLANDO, FL 32825

Title: D () Delete
Name: STEPHENS, LYNDA
Address: 10507 STONE GLEN DR.
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: PINILLA, MAURICO
Address: 2520 STONEWOOD ESTATES LN
City-St-Zip: ORLANDO, FL 32825

Title: S (X) Change () Addition
Name: BROOKS, FRANK
Address: 10379 STONE GLEN DR
City-St-Zip: ORLANDO, FL 32825

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

Title: () Change () Addition
Name:
Address:
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: LISA FRANCHINA

P

01/28/2009

Electronic Signature of Signing Officer or Director

Date