

**2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 09, 2011  
Secretary of State**

DOCUMENT# N99000001099

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

**Current Principal Place of Business:**

1511 EAST STATE ROAD 434  
SUITE 3001  
WINTER SPRINGS, FL 32708 US

**New Principal Place of Business:**

**Current Mailing Address:**

1511 EAST STATE ROAD 434  
SUITE 3001  
WINTER SPRINGS, FL 32708 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:**

PINNACLE PROPERTY MANAGEMENT, LLC  
1511 EAST STATE ROAD 434  
SUITE 3001  
WINTER SPRINGS, FL 32708 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  
Name: FRANCHINA, LISA  
Address: 1511 EAST SR 434, STE 3001  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VPD  
Name: WIECKOWSKI, LEONARD  
Address: 1511 EAST SR 434, STE 3001  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: SD  
Name: BROOKS, FRANK  
Address: 1511 EAST SR 434, STE 3001  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: TD  
Name: PINILLA, MAURICIO  
Address: 1511 EAST SR 434, STE 3001  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D  
Name: SEDGWICK, DOUG  
Address: 1511 EAST SR 434, STE 3001  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D  
Name: NGUYEN, VIRTUE  
Address: 1511 EAST SR 434, STE 3001  
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby 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 all other like empowered.

SIGNATURE: ANNE M. SMITH, LCAM

MGR

02/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date