

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 747952

**Entity Name:** CYPRESS LAKES HOMEOWNERS ASSOCIATION II, INC.

**Current Principal Place of Business:**

CLHOA- PLAT 2  
3445 CYPRESS TRAIL  
WEST PALM BEACH, FL 33417

**Current Mailing Address:**

3445 CYPRESS TRAIL  
WEST PALM BEACH, FL 33417 US

**FEI Number: 59-2285588**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

SPIVEY, DORIS  
3445 CYPRESS TRAIL  
WEST PALM BEACH, FL 33417 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: DORIS SPIVEY**

**02/14/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           GURA, ABBEY  
Address        3445 CYPRESS TRAIL  
City-State-Zip: WEST PALM BEACH FL 33417

Title           PRESIDENT  
Name           SPIVEY, DORIS  
Address        3445 CYPRESS TRAIL  
City-State-Zip: WEST PALM BEACH FL 33417

Title           SECRETARY  
Name           LEVY, ANN  
Address        3445 CYPRESS TRAIL  
City-State-Zip: WEST PALM BEACH FL 33417

Title           DIRECTOR  
Name           GOLEC, DIANN  
Address        3445 CYPRESS TRAIL  
City-State-Zip: WEST PALM BEACH FL 33417

Title           DIRECTOR  
Name           GOTTLIEB, MEL  
Address        3445 CYPRESS TRAIL  
City-State-Zip: WEST PALM BCH FL 33417

Title           DIRECTOR  
Name           MCGREEVY, DEIDRE  
Address        3445 CYPRESS TRAIL  
City-State-Zip: WEST PALM BCH FL 33417

Title           DIRECTOR  
Name           COLEMAN, RUSS  
Address        3445 CYPRESS TRAIL  
City-State-Zip: WEST PALM BCH FL 33417

Title           VP  
Name           BRYSON, BEVERLY  
Address        3445 CYPRESS TRAIL  
City-State-Zip: WEST PALM BCH FL 33417

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*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: ABBEY GURA**

**TREASURER**

**02/14/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            ANDERSON , CAROL  
Address        3445 CYPRESS TRAIL  
City-State-Zip: WEST PALM BEACH FL 33417