

2024 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: No

Name and Address of Current Registered Agent:

GOTTLIEB, MEL
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: MEL GOTTLIEB

02/03/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title PRESIDENT
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 TREASURER, SECRETARY
Name ANDERSON , CARYL
Address 3445 CYPRESS TRAIL
City-State-Zip: WEST PALM BEACH FL 33417

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

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

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

Title DIRECTOR
Name SLATER, BOB
Address 3445 CYPRESS TRAIL
City-State-Zip: WEST PALM BEACH 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: CARYL ANDERSON

TREASURER,
SECRETARY

02/03/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR

Name CHAVEZ, SHIRLEY

Address 3445 CYPRESS TRAIL

City-State-Zip: WEST PALM BEACH FL 33417