2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747952

Entity Name: CYPRESS LAKES HOMEOWNERS ASSOCIATION II, INC.

FILED
Jan 11, 2014
Secretary of State
CC9300324914

Current Principal Place of Business:

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

Current Mailing Address:

C/O FRED KORNHAUSER 5174 MICHAEL DRIVE WEST PALM BEACH, FL 33417 US

FEI Number: 59-2285588 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FRED, KORNHAUSER 5174 MICHAEL DRIVE W PALM BCH, 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title T	Title	Р
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NameDILL, MARYNameKORNHAUSER, FREDAddress3670 JOSEPH DRAddress5174 MICHAEL DR

City-State-Zip: WEST PALM BEACH FL 33417 City-State-Zip: W. PALM BEACH FL 33417

Title VP Title D

Name GOTTLIEB, MEL Name SCHNEIDER, MARVIN
Address 5187 NICHOLAS DR Address 5077 ALFRED DR

City-State-Zip: W .PALM BEACH FL 33417 City-State-Zip: WEST PALM BEACH FL 33417

TitleDIRECTORTitleDIRECTORNameMUELLER, ADOLPHNameSPIVEY, DORISAddress5185 NICHOLAD DRAddress5053 ALFRED DR

City-State-Zip: WEST PALM BEACH FL 33417 City-State-Zip: WEST PALM BEACH FL 33417

TitleDIRECTORTitleSECRETARYNameSOLTI, GEORGENameMUELLER, ANN

Address 5201 NICHOLAS DRIVE Address 5185 NICHOLAS DRIVE

City-State-Zip: WEST PALM BEACH FL 44317 City-State-Zip: WEST PALM BEACH FL 33417

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: FRED KORNHAUSER

PRESIDENT

01/11/2014