

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

DOCUMENT# N00000004052

**Entity Name:** CYPRESS POINT II HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

944 COLONIAL DRIVE  
ST AUGUSTINE, FL 32086

**Current Mailing Address:**

944 COLONIAL DRIVE  
ST AUGUSTINE, FL 32086

**FEI Number: 59-2989817**

**Certificate of Status Desired: No**

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

WESSELMAN, ROBERT F  
944 COLONIAL DR  
ST AUGUSTINE, FL 32086 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 PD  
Name REMY, EARL  
Address 7020 PINE BREEZE LANE  
City-State-Zip: SAINT AUGUSTINE FL 32086

Title VPD  
Name AMICANGELO, KAREN J  
Address 6941 CYPRESS SPRING CT.  
City-State-Zip: SAINT AUGUSTINE FL 32086

Title TD  
Name WESSELMAN, ROBERT F  
Address 944 COLONIAL DR  
City-State-Zip: SAINT AUGUSTINE FL 32086

Title D  
Name PARSONS, GEORGE  
Address 7008 PINE BREEZE LANE  
City-State-Zip: SAINT AUGUSTINE FL 32086

Title SD  
Name PAFFENDORF, RANAE  
Address 7004 PINE BREEZE LANE  
City-State-Zip: ST AUGUSTINE FL 32086

*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: ROBERT F WESSELMAN**

**TREASURER DIRECTOR**

**03/29/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date