

2014 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 BOAHN, RONALD
Address 6925 CYPRESS SPRING CT
City-State-Zip: SAINT AUGUSTINE FL 32086

Title VPD
Name GARANT, DIANE
Address 6924 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 REMY, EARL
Address 7020 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 04/01/2014

Electronic Signature of Signing Officer/Director Detail

_____ Date