

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000000447

**Entity Name:** THE FOUNTAINS AT CYPRESS LAKES II HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Jan 12, 2018**  
**Secretary of State**  
**CC0191230643**

**Current Principal Place of Business:**

369 TAVERNIER CIR.  
OLDSMAR, FL 34677

**Current Mailing Address:**

PO BOX 1634  
OLDSMAR, FL 34677

**FEI Number: 59-3233527**

**Certificate of Status Desired: No**

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

FLANDERS, KAREN A  
346 TAVERNIER DR.  
OLDSMAR, FL 34677 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            PRESIDENT  
Name            KAMIL KRIEF, SAIDA  
Address        339 TAVERNIER DR  
City-State-Zip: OLDSMAR FL 34677

Title            S  
Name            FLANDERS, KAREN  
Address        346 TAVERNIER DR.  
City-State-Zip: OLDSMAR FL 34677

Title            T  
Name            SGAMMATO, LARRY  
Address        369 TAVERNIER CR.  
City-State-Zip: OLDSMAR FL 34677

Title            VICE PRESIDENT  
Name            WOODS, JENIFER  
Address        348 TAVERNIER DR  
City-State-Zip: OLDSMAR FL 34677

*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: KAREN A FLANDERS

SECRETARY

01/12/2018

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

\_\_\_\_\_  
Date