2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747952

FILED Mar 01, 2010 Secretary of State

Entity Name: CYPRESS LAKES HOMEOWNERS ASSOCIATION II, INC.

US

US

Current Principal Place of Business: New Principal Place of Business:

CLMHA- PLAT 2 3445 CYPRESS TRAIL

WEST PALM BEACH, FL 33417 US

Current Mailing Address: New Mailing Address:

C/O SIMONE DESROCHERS 5189 MICHAEL DRIVE WEST PALM BEACH, FL 33417

FEI Number: 59-2285588 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

DESCORHERS, SIMONE 5189 MICHAEL DRIVE W PALM BCH, FL 33417

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

OFFICERS AND DIRECTORS:

Title:

Name: DESROCHERS, SIMONE
Address: 5189 MICHAEL DRIVE
City-St-Zip: WEST PALM BEACH, FL 33417

Title: P

 Name:
 KORNHAUSER, FRED

 Address:
 5174 MICHAEL DR

 City-St-Zip:
 W. PALM BEACH, FL 33417

Title: VD

 Name:
 GOTTLIEB, MEL

 Address:
 5187 NICHOLAS DR

 City-St-Zip:
 W .PALM BEACH, FL 33417

Title: S

Name: LEVY, ANN

Address: 5228 MICHAEL DRIVE
City-St-Zip: W. PALM BEACH, FL 33417

Title:

Name: SCHNEIDER, MARVIN Address: 5077 ALFRED DR

City-St-Zip: WEST PALM BEACH, FL 33417

Title:

Name: DOUGLAS, MARY Address: 5052 ALFRED DRIVE

City-St-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 P 03/01/2010