

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751053

FILED  
Feb 22, 2005  
Secretary of State

**Entity Name:** CYPRESS COVE II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

CICCONI VINCENT  
2401 BAY BLVD. APT C  
INDIAN ROCKS BEACH, FL 33785

**New Principal Place of Business:**

**Current Mailing Address:**

CICCONI VINCENT  
2401 BAY BLVD. APT C  
INDIAN ROCKS BEACH, FL 33785

**New Mailing Address:**

**FEI Number:** 59-1970959

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CICCONI, VINCENT  
2401 BAY BLVD.  
INDIAN ROCKS BEACH, FL 33785 US

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

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: DP ( ) Delete  
Name: CICCONI, VINCENT  
Address: 2401 BAY BLVD. APT. C  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: VD ( ) Delete  
Name: BISCOTTI, ANTONELLA  
Address: 1222 DAPRAT AVE.  
City-St-Zip: CORNWALL, ON K6H 6N9

Title: STD ( ) Delete  
Name: BISCOTTI, STEFANO  
Address: 1222 DAPRAT AVE.  
City-St-Zip: CORNWALL, ON K6H 6N9

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: VINCENT CICCONI

PRES

02/22/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date