

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751053

FILED  
Mar 03, 2012  
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:**

CERCEK, LISA  
2401 BAY BLVD.  
C  
INDIAN ROCKS BEACH, FL 33785 US

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

CERCEK, LISA  
19455 GULF BLVD.  
8A  
INDIAN SHORES, FL 33785 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:** LISA CERCEK

03/03/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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:** V. CICCONI

P

03/03/2012

Electronic Signature of Signing Officer or Director

Date