

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90034 033 ****61.25

DOCUMENT # 756519 1. Entity Name CYPRESS CREEK VILLAS OF CORAL SPRINGS II CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 7932 WILES ROAD CORAL SPRINGS, FL 33067				Mailing Address 7932 WILES ROAD CORAL SPRINGS, FL 33067	
2. Principal Place of Business 9365 W. SAMPLE ROAD		3. Mailing Address P.O. BOX 8506			
Suite, Apt. #, etc. SUITE #203		Suite, Apt. #, etc. _____			
City & State CORAL SPRINGS, FL		City & State CORAL SPRINGS, FL			
Zip 33065		Zip 33075			
4. FEI Number 59-2027706				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBERT KAVE & ASSOCIATES, INC. 6261 NW 6 WAY SUITE 103 FORT LAUDERDALE, FL 33309				7. Name and Address of New Registered Agent Name CONDO MANAGEMENT ALTERNATIVE Street Address (P.O. Box Number is Not Acceptable) 9365 W. SAMPLE ROAD SUITE #203 City CORAL SPRINGS FL Zip Code 33065	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Ronald Saathoff</i></u> RONALD SAATHOFF 2/14/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARBERMANNI, LUDOVICO 11388 ROYAL PALM BLVD CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARBERMANN LUDOVICO P.O. BOX 8506 CORAL SPRINGS, FL 33075	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEQUEIRA, JOSE 12573 NW 54 CT POMPANO BEACH, FL 33076	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD P.O. BOX 8506 CORAL SPRINGS, FL 33075	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VASCONCELLOS, MARTHA 2001 IMPERIAL ST PORT SAINT LUCIE, FL 34987	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. BOX 8506 CORAL SPRINGS, FL 33075	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVENS, ADINA 1180 SUSSEX DR NORTH LAUDERDALE, FL 33068	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD P.O. BOX 8506 CORAL SPRINGS, FL 33075	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Sequin</i></u> 954-752-4796 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					