

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90034 015 ****61.25

60018912



01312007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2027706

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # 756519

1. Entity Name
CYPRESS CREEK VILLAS OF CORAL SPRINGS II
CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
9365 W SAMPLE RD
SUITE 203
CORAL SPRINGS, FL 33065

Mailing Address
PO BOX 8506
CORAL SPRINGS, FL 33075

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONDO MANAGEMENT ALTERNATIVE
9365 W SAMPLES RD
SUITE 203
CORAL SPRINGS, FL 33065

Name

Street Address (P.O. Box Number is Not Acceptable)

9365 W SAMPLE RD

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 D ☒ Delete
NAME ARBERMANN, LUDIVICO
STREET ADDRESS PO BOX 8506
CITY-ST-ZIP CORAL SPRINGS, FL 33075

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME SEQUEIRA, JOSE
STREET ADDRESS PO BOX 8506
CITY-ST-ZIP CORAL SPRINGS, FL 33075

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME VASCONCELLOS, MARTHA
STREET ADDRESS PO BOX 8506
CITY-ST-ZIP CORAL SPRINGS, FL 33075

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME STEVENS, ADINA
STREET ADDRESS PO BOX 8506
CITY-ST-ZIP CORAL SPRINGS, FL 33075

TITLE SD ☐ Change ☒ Addition
NAME GONCALVES, PAUL
STREET ADDRESS P.O. BOX 8506
CITY-ST-ZIP CORAL SPRINGS, FL 33075

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/20/07

Date

954-752-4796

Daytime Phone #