2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757715

FILED Apr 03, 2006 Secretary of State

Entity Name: CYPRESS PLANTATIONS CONDOMINIUM NO. II, INC.

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

187 FOREST LAKES BLVD 28210 OLD 41 ROAD

NAPLES, FL 34105 SUITE 311

BONITA SPRINGS, FL 34135

Current Mailing Address: New Mailing Address:

187 FOREST LAKES BLVD P.O. BOX 188

NAPLES, FL 34105 2430 VANDERBILT BEACH ROAD # 108

NAPLES, FL 34109

FEI Number: 59-2171968 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:

GRACEY, ROBERT RANDALL & HOYLE PROPERTY MANAGEMENT, INC. 28210 OLD 41 ROAD

NAPLES, FL 34105 US SUITE 311

BONITA SPRINGS, FL 34135 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: NANCY E RANDALL 04/03/2006

Electronic Signature of Registered Agent Date

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

itle: S () Delete Title: DP (X) Change () Addition

 Name:
 GRACEY, ROBERT
 Name:
 BUKOWSKI, DAVID

 Address:
 187 FOREST LAKES BLVD
 Address:
 25482 COCKLESHELL DRIVE

 City-St-Zip:
 NAPLES, FL 34105
 City-St-Zip:
 BONITA SPRINGS, FL 34135

(X) Change () Addition Title: () Delete Title: MORROW, CHRISTINA Name: CASTELLANO, CLARENCE Name: Address: 25486 COCHSHELL DR. #801 Address: 25488 COCKLESHELL DRIVE City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: BONITA SPRINGS, FL 34135

Title: PD () Delete Title: DT (X) Change () Addition

Name: SAVIN, JUDY Name: NIETO, GINA L

 Address:
 25484 COCKSHELL DR #902
 Address:
 25482 COCKLESHELL DRIVE

 City-St-Zip:
 BONITA SPRINGS, FL 34135
 City-St-Zip:
 BONITA SPRINGS, FL 34135

Title: DT (X) Delete Title: () Change () Addition

 Name:
 OVERBEEN, LAWRRENCE
 Name:

 Address:
 25486 COCKLESHELL DR., #804
 Address:

 City-St-Zip:
 BONITA SPRINGS, FL 34135
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: NANCY E RANDALL MGT 04/03/2006