
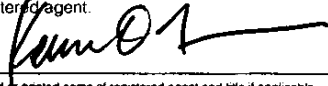
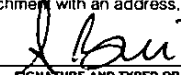


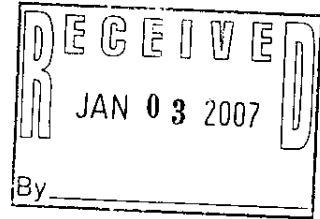
# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90011 049 \*\*\*\*61.25

<b>DOCUMENT # N00000002327</b> 1. Entity Name <b>RESERVE AT CYPRESS SPRINGS II HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>2494 ROSE SPRING DR ORLANDO, FL 32825</b>			Mailing Address <b>2494 ROSE SPRING DR ORLANDO, FL 32825</b>		
2. Principal Place of Business - No P.O. Box # <b>1750 W. Broadway St</b> Suite, Apt. #, etc. <b>118</b>		3. Mailing Address <b>1750 W. Broadway St</b> Suite, Apt. #, etc. <b>118</b>			
City & State <b>Oviedo, FL</b>		City & State <b>Oviedo, FL</b>			
Zip <b>32765</b>	Country <b>USA</b>	Zip <b>32765</b>	Country <b>USA</b>		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
Name <b>Kevin Davis</b>			Name <b>Kevin Davis</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>1750 W. Broadway St #118</b>			Street Address (P.O. Box Number is Not Acceptable) <b>1750 W. Broadway St #118</b>		
City <b>Oviedo</b>			City <b>Oviedo</b>		
State <b>FL</b>			State <b>FL</b>		
Zip Code <b>32765</b>			Zip Code <b>32765</b>		
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 				DATE <b>3/20/07</b>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE <b>PD</b>	NAME <b>POTTS, BRYAN</b>		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS <b>2494 ROSE SPRING DR</b>	CITY - ST - ZIP <b>ORLANDO, FL 32825</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>VPO</b>	NAME <b>VANDERPOOL, DOUGLAS</b>		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS <b>2560 ROSE SPRING DR</b>	CITY - ST - ZIP <b>ORLANDO, FL 32825</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>SD</b>	NAME <b>GREEN, ROBERTA</b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b>10113 GARDEN ROSE CT</b>	CITY - ST - ZIP <b>ORLANDO, FL 32825</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>TD</b>	NAME <b>CAMACHO, PHILIP</b>		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS <b>10130 GARDEN ROSE CT</b>	CITY - ST - ZIP <b>ORLANDO, FL 32825</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>D</b>	NAME <b>SANH, BUI N</b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b>10204 MARABELLA ROSE CT</b>	CITY - ST - ZIP <b>ORLANDO, FL 32825</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>PD</b>	NAME <b>BUI, SANH</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS <b>10204 MARABELLA ROSE CT</b>	CITY - ST - ZIP <b>ORLANDO, FL 32825</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>PD</b>	NAME <b>BUI, SANH</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS <b>10204 MARABELLA ROSE CT</b>	CITY - ST - ZIP <b>ORLANDO, FL 32825</b>		<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: 				DATE: <b>2/5/07</b>	
Signature and typed or printed name of signing officer or director					

ATTACHMENT  
40042352  
#N00000002327  
RESIGNATION OF REGISTERED AGENT

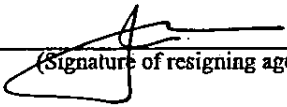


Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, JAMES W HART JR  
(Name of registered agent)

hereby resigns as Registered Agent for RESERVE AT CYPRESS SPRINGS II HOMEOWNERS' ASSOCIATION, INC.  
(Name of corporation)  
STATE DOCUMENT # N00000002327

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which  
this statement is filed.

  
(Signature of resigning agent)

If signing on behalf of an entity:

SENTRY MANAGEMENT INC  
(Typed or Printed Name)

PRESIDENT  
(Capacity)

**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314