

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90059 039 ****61.25

DOCUMENT # N00000002327					
1. Entity Name RESERVE AT CYPRESS SPRINGS II HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 1750 W. BROADWAY ST #18 OVIEDO, FL 32765			Mailing Address 1750 W. BROADWAY ST #18 OVIEDO, FL 32765		
2. Principal Place of Business - No P.O. Box # 1750 W. Broadway St			3. Mailing Address PO BOX 620368		
Suite, Apt. #, etc. Suite # 220			Suite, Apt. #, etc.		
City & State Oviedo, FL			City & State Oviedo, FL		
Zip 32765		Country USA		Zip 32762	
Country USA		4. FEI Number 59-3688842			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIS, KEVIN 1750 W. BROADWAY ST #18 OVIEDO, FL 32765			7. Name and Address of New Registered Agent Name: Kevin Davis Street Address (P.O. Box Number is Not Acceptable): 1750 W. Broadway Street Suite # 220 City: Oviedo FL Zip Code: 32765		
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <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 SD	NAME GREEN, ROBERTA	<input checked="" type="checkbox"/> Delete	TITLE P	NAME Jonathan North	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 10113 GARDEN ROSE CT	CITY-ST-ZIP ORLANDO, FL 32825		STREET ADDRESS 10015 Valley Rose Dr	CITY-ST-ZIP Orlando, FL 32825	
TITLE PD	NAME SANH, BUI N	<input checked="" type="checkbox"/> Delete	TITLE VP	NAME Kirk Gagnon	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 10204 MARABELLA ROSE CT	CITY-ST-ZIP ORLANDO, FL 32825		STREET ADDRESS 2518 Rose Spring Dr	CITY-ST-ZIP Orlando, FL 32825	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE T	NAME Tina Pratt	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 2500 Rose Spring Dr	CITY-ST-ZIP Orlando, FL 32825	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE S	NAME Liz Hardy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 2507 Rose Spring Dr	CITY-ST-ZIP Orlando, FL 32825	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE D	NAME Johanna Carrasco	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 2488 Rose Spring Dr	CITY-ST-ZIP Orlando, FL 32825	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		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: <u>[Signature]</u>			Date: <u>3/7/08</u> Daytime Phone #: <u>407 277 3745</u>		