2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N00000004052

CYPRESS POINT II HOMEOWNERS' ASSOCIATION, INC.



FILED

Mar 24, 2008 8:00 am Secretary of State

03-24-2008 90069 032 ****61.25

				941					
980 COLONI	e of Business AL DRIVE NE, FL 32086	Mailing Address 980 COLONIAL DRIVE ST AUGUSTINE, FL 320	086		 	- 15:11 15: 11 13: 11 : 13: 1		 IN ATURA BITUR AAT	1881 El 1881
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		_	03212008 CI	ng-NP	CR2E03	7 (12/06)	
City & State		City & State	Dity & State		4. FEI Number 59-298981	7			plied For at Applicable
Zip	Country	Zip	Country		5. Certificate of St	atus Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New R	legistered A	gent	
			Name						
BRIGGS, HELEN T 980 COLONIAL DRIVE ST AUGUSTINE, FL 32086			Street	Street Address (P.O. Box Number is Not Acceptable)					
			City				FL	Zip Code	e
	e named entity submits this statement for tions of registered agent.	r the purpose of changing its	registered office	or register	red agent, or both, in	the State of Flo	orida. I am f	amiliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent sign	azture required	when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Car Trust Fund C	mpaign Financing Contribution.		\$5.00 May Be Added to Fees	t e	lake check rida Depart		
10.	OFFICERS AND DI	RECTORS	11.	- /	ADDITIONS/CHANG	ES TO OFFICE	RS AND DIP	ECTORS IN	10
TITLE	PD	Delete	TITLE	PD					Addition
NAME	REMY, EARL	74	NAME	MAS	SON, GREG	<i>.</i>			7
STREET ADDRESS	7020 PINE BREEZE LANE		STREET ADDRESS	694	SON, GREG	5 SPRIN	G CT		
CITY - ST - ZIP	ST AUGUSTINE, FL 32086		CITY-ST-ZIP		AUGUSTINE,				
TITLE	VPD	₩ Delete	TITLE	VPI			-	☐ Change	Addition
NAME	WAULDRON, JAMES T	At Delete	NAME			i E			AUDIDON
STREET ADDRESS	6952 CYPRESS SPRING CT		STREET ADDRESS	101	RANT, DIAN 14 CYPRESS		. ~7		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086		CITY+ST-ZIP	Cr A	WGUSTINE,	E1 32	181		
TILE	TD	☐ Delete	TITLE	12/1	TOUST (NE,)	<u> </u>	980	☐ Change	☐ Addition
NAME	WESSELMAN, ROBERT	LI Dake	NAME	-				☐ clange	C. Addition
STREET ADDRESS	944 COLONIAL DR		STREET ADDRESS	;					
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086		CITY-ST-ZIP						
TITLE	SD	∑ Delete	TITLE	100				☐ Change	D'Addition
NAME	GIFFIN, KIM	DE Delete	NAME	BRI	GGS, HEL	EN T		Change	Addition
STREET ADDRESS	6948 CYPRESS SPRING CT		STREET ADDRESS	981	COLONIAL	DRIVE			
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086		CITY-ST-ZIP	57	PUEUSTINE,	F1 3	2086		
TITLE		☐ Delete	TITLE	127 77	, - 0 0) / / / 2 }			Change	87 tables
NAME		L Delete	NAME	FRE	ED. ALAN			☐ Clarige	Addition
STREET ADDRESS			STREET ADDRESS	10%	ED, ALAN 2 CYPRESS	SPRING	CT		
CITY-ST-ZIP			CITY-ST-ZIP	57 0	VGUSTINE	E1 32	2081		
TITLE	"-	☐ Delete	TITLE	<u> </u>	1000//10/2			☐ Change	☐ Addition
NAME		L Date	NAME					C Antendo	☐ Mudiduii
STREET ADDRESS			STREET ADDRESS						

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: Robert F Keyelman ROBERT WESSELMAN	3-21-08	904-794-9031	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Cate	Daytime Phone #	