


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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| DOCUMENT # N00000004052 1. Entity Name CYPRESS POINT II HOMEOWNERS' ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 980 COLONIAL DRIVE ST AUGUSTINE, FL 32086 | | | Mailing Address 980 COLONIAL DRIVE ST AUGUSTINE, FL 32086 | | |
| 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 | 4. FEI Number 59-2989817 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| BRIGGS, HELEN T 980 COLONIAL DRIVE ST AUGUSTINE, FL 32086 | | | | Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <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 NAME STREET ADDRESS CITY-ST-ZIP | PD REMY, EARL 7020 PINE BREEZE LANE ST AUGUSTINE, FL 32086 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MASON, GREG 6941 CYPRESS SPRING CT ST AUGUSTINE, FL 32086 | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD WAULDRON, JAMES T 6952 CYPRESS SPRING CT SAINT AUGUSTINE, FL 32086 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD GARANT, DIANE 6924 CYPRESS SPRING CT ST AUGUSTINE, FL 32086 | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD WESSELMAN, ROBERT 944 COLONIAL DR SAINT AUGUSTINE, FL 32086 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD GIFFIN, KIM 6948 CYPRESS SPRING CT SAINT AUGUSTINE, FL 32086 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BRIGGS, HELEN T 980 COLONIAL DRIVE ST AUGUSTINE, FL 32086 | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FREED, ALAN 6912 CYPRESS SPRING CT ST AUGUSTINE, FL 32086 | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 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 Wesselman ROBERT WESSELMAN 3-21-08 904-794-9031 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |