

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004052

FILED
Mar 05, 2009
Secretary of State

Entity Name: CYPRESS POINT II HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

944 COLONIAL DRIVE
ST AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

944 COLONIAL DRIVE
ST AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 59-2989817

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WESSELMAN, ROBERT
944 COLONIAL DR
ST AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

WESSELMAN, ROBERT F
944 COLONIAL DR
ST AUGUSTINE, FL 32086 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: ROBERT F WESSELMAN

03/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MASON, GREG
Address: 6941 CYPRESS SPRING CT
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: VPD () Delete
Name: GARANT, DIANE
Address: 6324 CYPRESS SPRING CT
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: TD () Delete
Name: WESSELMAN, ROBERT
Address: 944 COLONIAL DR
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D () Delete
Name: FREED, ALAN
Address: 6912 CYPRESS SPRING CT
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: GARANT, DIANE
Address: 6924 CYPRESS SPRING CT
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: TD (X) Change () Addition
Name: WESSELMAN, ROBERT F
Address: 944 COLONIAL DR
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD () Change (X) Addition
Name: PAFFENDORF, RANAE
Address: 7004 PINE BREEZE LANE
City-St-Zip: ST AUGUSTINE, FL 32086

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT F WESSELMAN

TD

03/05/2009

Electronic Signature of Signing Officer or Director

Date