

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001441

FILED  
Apr 28, 2008  
Secretary of State

**Entity Name:** AUTUMNWOOD AT CYPRESS SPRINGS II HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

882 JACKSON AVE  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

882 JACKSON AVE  
WINTER PARK, FL 32789

**New Mailing Address:**

**FEI Number:** 59-3703652

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAVIS, MARC  
882 JACKSON AVE  
WINTER PARK, FL 32789 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SEITZ, DEBBIE  
Address: 2155 AUTUMN VIEW DRIVE  
City-St-Zip: ORLANDO, FL 32825

Title: VP ( ) Delete  
Name: SMITH, DARYL  
Address: 2063 AUTUMN VIEW DRIVE  
City-St-Zip: ORLANDO, FL 32825

Title: T ( ) Delete  
Name: BASTIN, RAY  
Address: 2024 AUTUMN VIEW DRIVE  
City-St-Zip: ORLANDO, FL 32825

Title: S ( ) Delete  
Name: URCIVDI, CHERYL  
Address: 10919 AUTUMN SONG CT.  
City-St-Zip: ORLANDO, FL 32825

Title: D (X) Delete  
Name: BATISTA, KRISTEN  
Address: 2124 AUTUMN VIEW DRIVE  
City-St-Zip: ORLANDO, FL 32825

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: TP (X) Change ( ) Addition  
Name: SMITH, DARYL  
Address: 2063 AUTUMN VIEW DRIVE  
City-St-Zip: ORLANDO, FL 32825

Title: VP (X) Change ( ) Addition  
Name: BASTIN, RAY  
Address: 2027 AUTUMN VIEW DRIVE  
City-St-Zip: ORLANDO, FL 32825

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

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

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: DEBORAH SEITZ

PD

04/28/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date