2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # N01000007564

1. Entity Name CYPRESS LAKE COUNTRY CLUB VILLAS II CONDOMINIUM ASSOCIATION, INC.



14401 PATTY BERG DRIVE FT MYERS, FL 33919			C/0 C 1159	Mailing Address C/O COASTAL ASSOC MGMT 11595 KELLY ROAD # 309 FORT MYERS, FL 33908						
Principal Place of Business - No P.O. Box # 3.			3. Maili	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03122007	Chg-NP	CR2E0	37 (12/06)	
City & State			City & State			4. FEI Numb 04-369			<u> </u>	oplied For ot Applicable
Zip Country			Zip		Country	5. Certificate	Certificate of Status Desired			
6. Name and Address of Current Registr			Registere	d Agent		7. Name and	Address of New I	Registered	Agent	
			·		Name	 -				
O'NEILL, ARLENE C/O COASTAL ASSOC MGMT OF LEE CTY IN 11595 KELLY RD SUITE 309			TY INC	Street		ress (P.O. Box Numb	er is Not Acceptab	le)		
FORT MYERS, FL 33908										
•					City		·	FL	Zip Cod	e
		y submits this statement for	the purpo	se of changing its	egistered office or re-	gistered agent, or bo	th, in the State of F	lorida. I am	familiar with,	and accept
the obligat	ions of regist	ered agent.								
										Ì
SIGNATURE .		or printed name of registered agent a	and tale if appl	icable. (NOTE	Registered Agent signature r	required when reinstating)		DATE		
	Cilian Ca	- 1- 054 35	$\neg \neg$	9. Election Carri	naion Einanoina	£5.00		Make shock	k payable t	
	Filing Fe									
		lay 1, 2007		Trust Fund C	• • • –	\$5.00 May 6 Added to Fees	, , ,		tment of S	I
10.			RECTORS		• • • –	Added to Fees	Flo	rida Depar	tment of S	tate
10.		lay 1, 2007	RECTORS		ontribution.	Added to Fees	, , ,	rida Depar	tment of S	tate
	Due by N	OFFICERS AND DIR	RECTORS	Trust Fund C	ontribution.	Added to Fees	Flo	rida Depar	tment of S	iate
TITLE NAME STREET ADDRESS	PD FLAHERT 14401 PA	OFFICERS AND DIR TY, PAUL TTY BERG DR #303	RECTORS	Trust Fund C	Ontribution. 11. TITLE NAME STREET ADDRESS	Added to Fees	Flo	rida Depar	tment of S	iate
TITLE NAME	PD FLAHERT 14401 PA FORT MY	OFFICERS AND DIR	RECTORS	Trust Fund C	Ontribution. 11. ITILE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees ADDITIONS/CH	Flo	rida Depar	RECTORS IN	tate 110 Addition
NAME STREET ADDRESS CITY-ST-ZIP	PD FLAHERT 14401 PA FORT MY	OFFICERS AND DIR OFFICERS AND DIR TY, PAUL TTY BERG DR #303 'ERS, FL 33919	RECTORS	Trust Fund C	Ontribution. 11. TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE V	Added to Fees ADDITIONS/CH	ANGES TO OFFICE	erida Depar	RECTORS IN Change	tate i 10 Addition
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12. I hereby certify that the information supplied with this filing does not quality 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:

CHANGE AND DOOR OF THE OWNER OF THE PARTY OF

3/13/07

Daytime Phone #