

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007564

FILED
Mar 25, 2009
Secretary of State

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

Current Principal Place of Business:

14401 PATTY BERG DRIVE
FT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

C/O COASTAL ASSOC MGMT
11595 KELLY ROAD # 309
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: 04-3693164

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'NEILL, ARLENE
C/O COASTAL ASSOC MGMT OF LEE CTY INC
11595 KELLY RD SUITE 309
FORT MYERS, FL 33908 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: VP () Delete
Name: FLAHERTY, PAUL
Address: 14401 PATTY BERG DR #303
City-St-Zip: FORT MYERS, FL 33919

Title: P () Delete
Name: NORPSTROM, ROLAND
Address: 14401 PATTY BERG DR. #205
City-St-Zip: FORT MYERS, FL 33919

Title: STD () Delete
Name: SCHUMANN, WINNIFRED
Address: 14401 PATTY BERG DR. #102
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FLAHERTY, PAUL
Address: 14401 PATTY BERG DR #303
City-St-Zip: FORT MYERS, FL 33919

Title: VP (X) Change () Addition
Name: NORPSTROM, ROLAND
Address: 14401 PATTY BERG DR. #205
City-St-Zip: FORT MYERS, FL 33919

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: PAUL FLAHERTY

P

03/25/2009

Electronic Signature of Signing Officer or Director

Date