

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000007564

**FILED**  
**Apr 20, 2010**  
**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:**

711 TARPON BAY RD  
SANIBEL, FL 33957

**Current Mailing Address:**

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

**New Mailing Address:**

PO BOX 100  
SANIBEL, FL 33957

**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:**

MACKESY, STEVEN  
711 TARPON BAY RD  
SANIBEL, FL 33957 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: STEVEN MACKESY

04/20/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FLAHERTY, PAUL  
Address: 14401 PATTY BERG DR #303  
City-St-Zip: FORT MYERS, FL 33919

Title: VD  
Name: NORDSTROM, EDWARD  
Address: 14401 PATTY BERG DR. #205  
City-St-Zip: FORT MYERS, FL 33919

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

I hereby 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 all other like empowered.

SIGNATURE: PAUL FLAHERTY

PD

04/20/2010

Electronic Signature of Signing Officer or Director

Date