

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007088

FILED
Apr 06, 2009
Secretary of State

Entity Name: GRAND CYPRESS II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

P&M PROPERTY MANAGEMENT
14360 SO. TAMIAMI TRAIL UNIT B
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

P&M PROPERTY MANAGEMENT
14360 SO. TAMIAMI TRAIL UNIT B
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 54-2100837

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAPP, PAUL
C/O P&M PROPERTY MGMT
15660 SAN CARLOS BLVD SUITE 40
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: P () Delete
Name: MEARA, NED
Address: 3385 GRAND CYPRESS DR. #101
City-St-Zip: NAPLES, FL 34119

Title: VP () Delete
Name: LESTER, AMANN
Address: 14306 S TAMIAMI TRAIL UNIT B
City-St-Zip: FORT MYERS, FL 33912

Title: TS () Delete
Name: HENSON, JOHN J
Address: 3395 GRAND CYPRESS DR. #201
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MEARA, NED
Address: 14360 S. TAMIAMI TRAIL, UNIT B
City-St-Zip: FORT MYERS, FL 33912

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

Title: TS (X) Change () Addition
Name: HENSON, JOHN J
Address: 14360 S. TAMIAMI TRAIL UNIT B
City-St-Zip: FORT MYERS, FL 33912

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 L. SAPP

CAM

04/06/2009

Electronic Signature of Signing Officer or Director

Date