

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08523

FILED
Apr 17, 2004
Secretary of State

Entity Name: CYPRESSVIEW II PROPERTY OWNERS' ASSOCIATION, INC

Current Principal Place of Business:

P.O. BOX 5925
SUN CITY CENTER, FL 33571

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5925
SUN CITY CENTER, FL 33571

New Mailing Address:

FEI Number: 59-2591035

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHMIDT, WALTER
1812 BRETH CT
SUN CITY CENTER, FL 33573 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: D () Delete
Name: BOGEDAIN, SHIRLEY
Address: 1806 ATRIUM DR
City-St-Zip: SUN CITY CENTER, FL 33573

Title: T () Delete
Name: IGLODAN, HELEN
Address: 1902 BOSKY CT
City-St-Zip: SUN CITY CENTER, FL

Title: VD () Delete
Name: MOSS, MELVIN
Address: 1757 ARTIUM DR
City-St-Zip: SUN CITY CENTER, FL

Title: PD () Delete
Name: SCHMIDT, WALTER W
Address: 1812 BRETH CT
City-St-Zip: SUN CITY CENTER, FL

Title: SD () Delete
Name: HEUER, WILLIAM
Address: 1809 BRETH CT
City-St-Zip: SUN CITY CENTER, FL 33573

Title: D () Delete
Name: WOHLRABE, JIM
Address: 1811 BRETH CT
City-St-Zip: SUN CITY CENTER, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 for the exemption stated in Section 119.07(3)(i), 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: WALTER SCHMIDT

PD

04/17/2004

Electronic Signature of Signing Officer or Director

Date