2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N08523 Apr 23, 2012
Secretary of State

Entity Name: CYPRESSVIEW II PROPERTY OWNERS' ASSOCIATION, INC

Current Principal Place of Business: New Principal Place of Business:

1815 ATRIUM DR 409 COLLEGE AVENUE E. SUN CITY CENTER, FL 335731 RUSKIN, FL 33570

Current Mailing Address: New Mailing Address:

 1815 ATRIUM DR
 P.O. BOX 1058

 SUN CITY CENTER, FL 335731
 RUSKIN, FL 33575

FEI Number: 59-2591035 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PURSELL, DAVID E

1762 ATRIUM DR

SUN CITY CENTER, FL 33573 US

TRIMMER, KATHY

409 COLLEGE AVENUE E.

RUSKIN, FL 33570 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: KATHY TRIMMER 04/23/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: ZEM, JULIE Address: 1811 BRETH CT

City-St-Zip: SUN CITY CENTER, FL 33573

Title: D

Name: PETERSON, WAYNE Address: 1812 ATRIUM DR

City-St-Zip: SUN CITY CENTER, FL 33573

Title: T

Name: PURSELL, DAVID Address: 1815 ATRIUM DR.

City-St-Zip: SUN CITY CENTER, FL 33573

Title:

Name: SMITH, GLORIA Address: 1805 BRETH

City-St-Zip: SUN CITY CENTER, FL 33573

Title:

Name: SMITH, FORREST Address: 1757 ATRIUM DR

City-St-Zip: SUN CITY CENTER, FL 33573

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: KATHY TRIMMER AGT 04/23/2012