2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003719

FILED Apr 15, 2009 Secretary of State

Entity Name: CYPRESS LAKES ESTATES, PHASE II, HOMEOWNER ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	VALKER T ROCK DR SPRINGS, FL	34688		
Current Mailing Address:		New Mailing Address:		
	VALKER T ROCK DR SPRINGS, FL	34688		
FEI Number	: 59-3405307	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
	CHUCK T ROCK DR			
TARPON	SPRINGS, FL	34688 US		
The above	SPRINGS, FL		purpose of changing its registere	d office or registered agent, or both,
The above in the Stat	SPRINGS, FL : e named entity se of Florida.		purpose of changing its registere	d office or registered agent, or both,
The above in the Stat	SPRINGS, FL : e named entity s e of Florida. RE:			d office or registered agent, or both, Date
The above in the Stat SIGNATU	SPRINGS, FL : e named entity s e of Florida. RE:	submits this statement for the ic Signature of Registered Ag	ent	
The above in the State SIGNATU OFFICER Title: Name: Address:	SPRINGS, FL : named entity se of Florida. RE: Electron S AND DIREC	submits this statement for the iic Signature of Registered Ag TORS: Delete CK CK DR	ent	Date
The above in the Stat SIGNATU	SPRINGS, FL : e named entity se of Florida. RE: Electron S AND DIRECTOR PD () WALKER, CHUC 2753 POST ROT TARPON SPRIN	submits this statement for the lic Signature of Registered Ag TORS: Delete CK CK DR NGS, FL 34688 Delete KENT CK DR	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

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: CHARLES F. WALKER PRES 04/15/2009