



**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000006774</b> 1. Entity Name CYPRESS LAKES AT HIGH POINT PHASE TWO HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business PO BOX 780024 ORLANDO, FL 32878-0024	Mailing Address PO BOX 780024 ORLANDO, FL 32878-0024	
<p><b>DO NOT WRITE IN THIS SPACE</b></p>		
6. Name and Address of Current Registered Agent  PACK, GILBERT J 632 CYPRESS TREE CT ORLANDO, FL 32825		<p><b>DO NOT WRITE IN THIS SPACE</b></p>
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PACK, GILBERT J 632 CYPRESS TREE CT ORLANDO, FL 32825	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHEDBEE, JIMMY L 508 CYPRESS TREE CT. ORLANDO, FL 32825	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS KINDER, JOE 629 CYPRESS TREE CT ORLANDO, FL 32825	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, JOHN 521 CYPRESS TREE CT. ORLANDO, FL 32825	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><b>DO NOT WRITE IN THIS SPACE</b></p>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-22-04      407-281-0191 <small>Date      Daytime Phone #</small>



01052004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3548459</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

U00000013331  
01/26/04-80049-017 61.25