
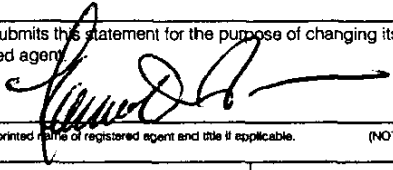



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90053 027 ****61.25

DOCUMENT # N98000006812					
1. Entity Name CYPRESS SPRINGS II HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1750 WEST BROADWAY STREET 118 OVIEDO, FL 32765			Mailing Address 1750 WEST BROADWAY STREET 118 OVIEDO, FL 32765		
2. Principal Place of Business - No P.O. Box # 1750 W. Broadway St.		3. Mailing Address PO BOX 620368			
Suite, Apt. #, etc. Suite #220		Suite, Apt. #, etc. 6			
City & State Oviedo, Fl		City & State Oviedo, Fl		4. FEI Number 59-3548664	
Zip 32765		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 32765		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COMMUNITY MANAGEMENT SPECIALISTS, INC. 1750 WEST BROADWAY STREET 118 OVIEDO, FL 32765			7. Name and Address of New Registered Agent Name Kevin Davis Street Address (P.O. Box Number is Not Acceptable) 1750 W. Broadway St. Suite #220 City Oviedo FL Zip Code 32762		
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:  DATE: 2/5/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GAYNOR, JAN 2491 CYPRESS TRACE CIRCLE ORLANDO, FL 32825 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PEARCE, MARCY 2221 Cypress Trace Circle Orlando, FL 32825 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FRANCHINA, LISA 10501 STONE GLEN DR ORLANDO, FL 32825 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIECKOWSKI, LEN 10433 STONE GLEN DR ORLANDO, FL 32825 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FOSTER, ED 10312 JASMINE ROSE CT ORLANDO, FL 32825 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CONNELLY, TOM 10620 SPRINGS HAMMOCK WAY ORLANDO, FL 32825 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUTZ, DEBBIE 2155 AUTUMN VIEW DRIVE ORLANDO, FL 32825 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
SIGNATURE:  MARCY PEARCE 3/10/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					