


FEB 11 2005

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT****FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90038 037 \*\*\*\*61.25

<b>DOCUMENT # N99000001295</b> 1. Entity Name CYPRESS TRACE II CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O P & M PROPERTY MGMT 15660 SAN CARLOS BLDG 40 FT MYERS, FL 33908			Mailing Address C/O P & M PROPERTY MGMT 15660 SAN CARLOS BLDG 40 FT MYERS, FL 33908		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0904155	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SAPP, PAUL L C/O P & M PROPERTY MGMT 15660 SAN CARLOS BLDG 40 FT MYERS, FL 33908			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		Make check payable to: <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BLIEK, DAVE 15660 SAN CARLOS BLVD #40 FT MYERS, FL 33908		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Bliek, Dave 15660 San Carlos Blvd #40 Ft. Myers, FL 33908	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FISK, RODNEY 15660 SAN CARLOS BLVD #40 FT MYERS, FL 33908		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Charles Carmichael 15660 San Carlos Blvd #40 Ft. Myers, FL 33908	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			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 another like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/09/05 239-594-5117 <small>Date Daytime Phone #</small>		