

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

95 APR 27 AM 11:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995  
FLORIDA DEPARTMENT OF STATE  
Sandra B. Moynihan  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 750838 (5)  
1. Corporation Name  
CYPRESS BEND CONDOMINIUM II ASSOCIATION, INC.

Principal Place of Business: 1280 SWS 36 AVE. #304 POMPANO BCH FL 33069 US  
Mailing Address: 1280 SW 36 AVE. #304 POMPANO BCH FL 33069 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/29/1980  
3a. Date of Last Report: 04/13/1994

4. FEI Number: NOT APPLICABLE  
Applied For: Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-28)

9. Name and Address of Current Registered Agent  
WALLSMITH, RICHARD  
2206 CYPRESS BEND DR. S #604  
2204 CYPRESS BEND DR S  
POMPANO BCH FL 33069

10. Name and Address of New Registered Agent  
81 Name: Cheryl Levin  
82 Street Address (P.O. Box Number is Not Acceptable): 10226 NW 47 St.  
83 Sunrise  
84 City: FL 85 Zip Code: 33351

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Cheryl J. Levin attorney for assoc'n  
DATE: 4/24/95

12. OFFICERS AND DIRECTORS

TITLE: <del>TO</del>	NAME: LYLE, VERNE	STREET ADDRESS: 2200 CYPRESS BEND DR., S.	CITY-ST-ZIP: POMPANO BCH FL
TITLE: <del>VP</del>	NAME: LEDBETTER, DEAN	STREET ADDRESS: 2200 CYPRESS BEND DR., S.	CITY-ST-ZIP: POMPANO BCH FL
TITLE: D, Secy.	NAME: ELDRED, CAROL	STREET ADDRESS: 2212 CYPRESS BEND DR., S	CITY-ST-ZIP: POMPANO BCH FL
TITLE: D	NAME: HOLMES, CRYSTAL	STREET ADDRESS: 2211 CYPRESS BEND DR., S.	CITY-ST-ZIP: POMPANO BCH FL
TITLE: ST D, TRERS.	NAME: BERNETT, SYLVIA	STREET ADDRESS: 2208 CYPRESS BEND DR, S	CITY-ST-ZIP: POMPANO BCH FL
TITLE: D, 1st. VP	NAME: HIRDLER, BRUCE	STREET ADDRESS: 2200 CYPRESS BLVD. DR. S.	CITY-ST-ZIP: POMPANO BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: D, 2nd. VP	1.2 NAME: SY Fienstein	1.3 STREET ADDRESS: 2206 Cypress Bend Dr. S	1.4 CITY-ST-ZIP: POMPANO Bch., FL 33069	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE: D	2.2 NAME: ED BERNETT	2.3 STREET ADDRESS: 2206 Cypress Bend Dr. S	2.4 CITY-ST-ZIP: POMPANO Bch., FL 33069	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE: D	3.2 NAME: Lorraine Hirdler	3.3 STREET ADDRESS: 2200 Cypress Bend Dr. S	3.4 CITY-ST-ZIP: POMPANO Bch., FL 33069	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE:	4.2 NAME:	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE:	5.2 NAME:	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE:	6.2 NAME:	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: \_\_\_\_\_