## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 750838 (5)							
CYPRESS BEND CONDOMINIUM II ASSOCIATION, INC.						COL ARIO MIGHE MEDIT OF OTE	
Principal Place of Business Mailing Address						TOT 1812 81811 81811 81811	
1280 SWS 36 AVE. 1280 SW 36 AVE.							
#304 #304 POMPANO BCH FL 33069 POMPANO BCH. FL 330			S9				<u>-</u>
US		US		3. Date Incorporated or Qualified 01/29/1980	3a Date of L 04/2	ast Report <b>7/1995</b>	
2. Principal Place of Business 28. Mailing Address					4. FEI Number NOT APPLICABLE		Applied For
21 3500 Gateway Dr 26 Same Suite, Apt. #, etc. Suite, Apt. #, etc.					NOT AFFLIOADLE		Not Applicable 75 Additional
22 4 202					Certificate of Status Desired		ee Required
City)& State City & State					6. Election Campaign Financing		5.00 May Be
23 Pom Pamo 13ch, FC 28 Zip Country Zip			Country		Trust Fund Contribution	A(	dded to Fees
$\frac{1}{24}$ 33069 $\frac{1}{25}$ U.S. $\frac{1}{29}$			Country 30		This corporation has liability for Florida Statutes	rintangibe tax unde □ Yes □ No	r ș. 199.032,
27	9. Name and Address of Current R				10. Name and Address of New		
			81	Name			
CHERYL LEVIN 82 St				Street Addre	ss (P.O. Box Number is Not Accepta	ble)	<del></del>
10226 NW 47 ST.							
SUNRISE	FL 33351		83				
			84	City		F=1 85	Zip Code
11. Pursuant to	the provisions of Sections 617.0502 and	d 617 1508 Florida Statutes	the above-na	amed corpora	tion submits this statement for the pu	imose of changing	its registered office
or registere	ed agent, or both, in the State of Florida. In and accept the obligations of, Section	Such change was authorized	by the corpo	ration's board	d of directors. I hereby accept the ap	pointment as régiste	ered agent. I am
SIGNATURE	, and accept the congulations of, section	517.0000, Florido Cididos.					
8	Signature, typed or printed name of registered agent and			signature required i		DATE	~ · · · · · · · · · · · · · · · · · · ·
12.	OFFICERS AND D		13.	[17]	ADDITIONS/CHANGES TO OF	FIGERS AND DIREC	
TITLE	DVP OV EIGNOTEIN	DELETE	1.1 TITLE 1.2 NAME		RESIDENT ean LEDbetter	Пспап	ige Adoldon
NAME CIRCLI ADDRESS	SY FIENSTEIN 2206 CYPRESS BEND DR.S		1.3 STREET A	nnores 22	202 Cypress Bend	Dr. S	
STREET ADDRESS CITY-ST-ZIP	POMPANO BCH FL		14 CHTY-ST	-71P P	empano Boh, FL	BOMBE	
TITLE	D D	DELETE	2 1 TITLE	SF	CRETARI	□ Chan	nge 🛮 Addition
NAME	ED BERNETT	,	2.2 NAME	Ca	wol ELDRED		
STREET ADDRESS	2206 CYPRESS BEND DR. S.		2.3 STREET A	ADDRESS 20	Lia Cypress Bend	Dr.S	
CITY-ST-ZIP	POMPANO BEACH FL		2. 4 CITY - ST	T-ZIP (O	mpano Ben., F	C 22007	
TITLE	D	DEFELE	3.1 TITLE	Di	rector,	Chan	nge 🔀 Addition
NAME	LORRAINE HIRSLER		3.2 NAME	$\widetilde{\omega}$	nark Banak Banak	2 x6 Oscia	
STREET ADDRESS	2200 CYPRESS BEND DR. S.		3.3 STREET A	DORESS OF	empano Bch.	FL 3306	S
CITY-ST-ZIP TITLE	POMPANO BEACH FL D	<b>⊠</b> DELETE	3.4 CITY - ST 4.1 TITLE			Chan	
NAME	HOLJES, CRYSTAL	Д	4. 2 NAME		rector othory Seczep	-	
STREET ADDRESS	2214 CYPRESS BEND DR., S.		4.3 STREET	ADDRESS -	214 CHARESS B	end Dr	_<
CITY-ST-ZIP	POMPANO BCH FL		4.4 CHTY-ST	-ZIP ·	im pano Bch.	1 FL 38	1069
TITLE	DIT OT	DELETE	5.1 TITLE		rector.	Char	nge 🔀 Addition
NAME	BERNETT, SYLVIA		5.2 NAME	m	ary E. Halvorson		_
STREET ADDRESS	2206 CYPRESS BEND DR, S		5.3 STREFT	ADDRESS 22	LOW CLIPVESS Be	nd Dr S	) 3
CITY - ST - ZIP	POMPANO BCH FL	<b>∑</b> POEL ÉTÉ	5.4 CiTY-ST	·ZIP	<u>bmpanbi Bch</u>	( FC 3 !	
TITLE	D HIDDUICO BOLICE	<b>∑</b> OELETE	61 TITLE	'		□ criar	iĝe 🗀 Kanitiali
NAME	HIRDLIER, BRUCE 2200 CYPRESS BLVD. DR. S.		6 2 NAME	ADDRECC			
STREET ADDRESS	POMPANO BCH FL		63 STREET A				
14. I do hereb	v certify that the information supplied with	this filing is voluntarily furnis	64 CITY-ST hed and does		r the exemption stated in Section 11	9.07(3)(k), Florida St	tatutes. I further

I do nereby 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 AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96 984-43-7112 Daytine Phone is