

**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)  
1. Corporation Name  
**CYPRESS BEND CONDOMINIUM II ASSOCIATION, INC.**



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

3. Date Incorporated or Qualified **01/29/1980** 3a. Date of Last Report **04/27/1995**

2. Principal Place of Business 2a. Mailing Address  
21 **3500 Gateway Dr** 26 **Same**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **#202** 27  
City & State City & State  
23 **Pompano Bch, FL** 28  
Zip Country Zip Country  
24 **33069** 25 **U.S.** 29 30

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

9. Name and Address of Current Registered Agent  
**CHERYL LEVIN**  
**10226 NW 47 ST.**  
**SUNRISE FL 33351**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DVP	SY FIENSTEIN	2206 CYPRESS BEND DR.S	POMPANO BCH FL	<input type="checkbox"/>
D	ED BERNETT	2206 CYPRESS BEND DR. S.	POMPANO BEACH FL	<input checked="" type="checkbox"/>
D	LORRAINE HIRSLER	2200 CYPRESS BEND DR. S.	POMPANO BEACH FL	<input checked="" type="checkbox"/>
D	HOLJES, CRYSTAL	2214 CYPRESS BEND DR., S.	POMPANO BCH FL	<input checked="" type="checkbox"/>
DT	BERNETT, SYLVIA	2206 CYPRESS BEND DR, S	POMPANO BCH FL	<input type="checkbox"/>
D	HIRDIER, BRUCE	2200 CYPRESS BLVD. DR. S.	POMPANO BCH FL	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
PRESIDENT	Dean LEDbetter	2202 Cypress Bend Dr.S	Pompano Bch, FL 33069	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SECRETARY	Carol LEDRED	2212 Cypress Bend Dr.S	Pompano Bch., FL 33069	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	mark Banak	2202 Cypress Bend Dr S	Pompano Bch., FL 33069	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Anthony SZCZEPANSKI	2214 Cypress Bend Dr S	Pompano Bch., FL 33069	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Mary E. Halvorson	2206 Cypress Bend Dr S	Pompano Bch., FL 33069	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: \_\_\_\_\_ DATE: **3/17/96** 984-483-7222

CR2E037 (12/95)