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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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
3500 GATEWAY DR STE 202 POMPANO EBACH FL 33069 US
1280 SW 36 AVE. #304 POMPANO BCH. FL 33069-4868 US

3. Date Incorporated or Qualified 01/29/1980
3a. Date of Last Report 03/20/1996

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25
3500 Gateway Dr.
-H 202
Pomp. Bch., FL
33069 U.S.A.

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 relating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SY FIENSTEIN	1.2 NAME	
STREET ADDRESS	2206 CYPRESS BEND DR.S	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL	1.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELDRED, CAROL	2.2 NAME	1ST V.PRES.
STREET ADDRESS	2212 CYPRESS BEND DR S	2.3 STREET ADDRESS	EDWARD BERNETT
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	2206 CYPRESS BEND DR.S.
TITLE	D-S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANAK, MARK	3.2 NAME	2ND V.PRES.
STREET ADDRESS	2202 CYPRESS BEND DR S	3.3 STREET ADDRESS	MICHAEL DODDS
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	2202 CYPRESS BEND DR.S.
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SZCZEPANSKI, ANTHONY	4.2 NAME	
STREET ADDRESS	2214 CYPRESS BEND DR S	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL	4.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNETT, SYLVIA	5.2 NAME	
STREET ADDRESS	2206 CYPRESS BEND DR, S	5.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALVORSON, MARY E	6.2 NAME	
STREET ADDRESS	2206 CYPRESS BEND DR S	6.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL	6.4 CITY-ST-ZIP	

14. I do 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 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: *Sylvia Bernett* 2-10-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0025874

CR2E037 (9/96)