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**Mar 13 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 750838 (5)
1. Corporation Name
CYPRESS BEND CONDOMINIUM II ASSOCIATION, INC.



Principal Place of Business 3500 GATEWAY DR STE 202 POMPANO EBACH FL 33069 US	Mailing Address 3500 GATEWAY DR #202 POMPANO BCH. FL 33069 US
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3. Date Incorporated or Qualified 01/29/1980	
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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	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 resigning) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VP President/D	<input checked="" type="checkbox"/> DELETE
NAME	BY FIENSTEIN Richard Wallsmith	
STREET ADDRESS	2206 CYPRESS BEND DR.S	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	VP/D	<input checked="" type="checkbox"/> DELETE
NAME	BERNETT, EDWARD Michael Karlin	
STREET ADDRESS	2208 CYPRESS BEND DR. S.	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BODDS, MICHAEL	
STREET ADDRESS	2202 CYPRESS BEND DR. S	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	S/D	<input checked="" type="checkbox"/> DELETE
NAME	BANAK, MARK Beverly Shields	
STREET ADDRESS	2206 CYPRESS BEND DR. S	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	DT Treasurer	<input type="checkbox"/> DELETE
NAME	BERNETT, SYLVIA Peter Di Santo	
STREET ADDRESS	2206 CYPRESS BEND DR. S	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HALVORSON, MARY-E Roger Tilson	
STREET ADDRESS	2200 CYPRESS BEND DR S	
CITY-ST-ZIP	POMPANO BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FRANCES FREEL	
1.3 STREET ADDRESS	2212 Cypress Bend Dr. S.	
1.4 CITY-ST-ZIP	Pompano Beach, FL	
2.1 TITLE	Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Alex Molnar	
2.3 STREET ADDRESS	2208 Cypress Bend Dr. S.	
2.4 CITY-ST-ZIP	Pompano Beach, FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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]* 3-9-98 954-968-4481

CR2E037 (10/97)