1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90088 018 ****61.25

DOCUMENT # 750838

1. Corporation Name

CYPRESS BEND	CONDOMINIUM. II	ASSOCIATION - INC.	
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	_
Principal Place of Business	
3500 GATEWAY DR	
STE 202	
POMPANO EBACH FL 33069	
us	

Mailing Address
3500 GATEWAY DR

#202 POMPANO BCH. FL 33069

JS

-	3. Date Incorporated or Qualifed

A ROOMEN HAART MEEST DIE TOT DE LAKEN BESTER HERT DIE TOT DE GEGER BETTE DE TEN BEGER DE STREET FESTER FESTER

Principal Place of Business The Principal Place of Business		2a. Mailing Addres	ss	3. Date Incorporated or Qualifed 01/29/1980			
Suite, Apt.	. #, etc.	Suite, Apt. #, 6	etc.	4. FEI Number NOT APPLICABLE	Applied For Not Applicable		
City & Sta	te	City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Zip 24	Country	Zip	Country 30	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
			81 Name				

CHERYL LEVIN 10226 NW 47 ST. SUNRISE FL 33351

IV. 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 Statutas, 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES	TO OFFICERS AN	D DIRECTOR	S IN 12
TITLE	PD	DELETE	1,1 TITLE	Secretary	•,	☐ Change \	Addition
NAME	WALLSMITH, RICHARD		1.2 NAME	Elaine Stein	No lue	``	ļ
STREET ADDRESS	2206 CYPRESS BEND DR.S		1.3 STREET ADDRESS	2214 S. Cypuss Be			
CITY-ST-ZIP	POMPANO BCH FL		1.4 CITY-ST-ZIP	Pompano Beach	PC 33069		
TITLE	VPD	⊠ DELETE	2.1 TITLE	Diedelor		Change	Addition
NAME	KARUN; MICHAEL		2.2 NAME	Mike Henowich	a - Na ` 1		
STREET ADDRESS	2206 CYPRESS BEND DRIVE S.		2.3 STREET ADDRESS	2208 S. Cypress	Dead Octo	_	
CITY-ST-ZIP	POMPANO BEACH FL		2.4 CITY-ST-ZIP	Pompano Beach	L 3306	<u> </u>	
TITLE	D	☐ DELETE	3.1 TITLE	Director		Change	Addition
NAME	FRANCES, FREEE L.		3.2 NAME	Joseph Kanse 2208 S. Cypress Pompano Bead	ROOM DE!	ve_	Į
STREET ADDRESS	2212 CYPRESS BEND DRIVE S.		3.3 STREET ADDRESS	2208 S. Cypress		^	
CITY-ST-ZIP	POMPANO BEACH FL		3.4. CITY-ST-ZIP	Tompano Bead	2, FC 3300	<u>99 </u>	
TITLE	SD	DECETE	4.1 TITLE			Change	Addition
NAME	SHIELDS, BEVERLY		4. 2 NAME				
STREET ADORESS	2206 SYPRESS BEND DRIVE S.		4.3 STREET ADDRESS				
CITY-ST-ZIP	POMPANO BCH FL		4.4 CITY-ST-ZIP		·		FT 6 1 (9)
TITLE	DT	DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME	DISANTO, PETER		5.2 NAME				
STREET ADDRESS	2202 CYPRESS BEND DRIVE S.		5.3 STREET ADDRESS				
CITY-ST-ZIP	POMPANO BCH FL		5.4 CITY-ST-ZIP		<u> </u>	. <u></u>	
TITLE	# VICE RESIDENT	☐ DELETE	6.1 TITLE			. Change	☐ Addition
NAME	TILSON, ROGER		6.2 NAME				
STREET ADDRESS	2200 CYPRESS BEND DRIVE S.		6.3 STREET ADDRESS				Ì
CITY OF 7ID	POMPANO RCH EL		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, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

426/99 Daysing Phone # CR2F037 (11/9