


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90223 040 ****61.25

DOCUMENT # 750838

1. Entity Name
CYPRESS BEND CONDOMINIUM II ASSOCIATION, INC.



Principal Place of Business
 2204 CYPRESS BEND DR. SOUTH
 POMPANO EBACH, FL 33069 US

Mailing Address
 C/O SUNDANCE PROPERTY MGMT
 11510 W SAMPLE RD STE 5
 CORAL SPRINGS, FL 33065 US

11010411



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 18903
 Suite, Apt. #, etc.

02172004 Chg-NP CR2E037 (10/03)

City & State
PLANTATION, FL

Zip Country Zip Country
33318 US

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
VALANCY, STEVEN S
 311 SE 13 STREET
 FORT LAUDERDALE, FL 33316

7. Name and Address of New Registered Agent
 Name **Randall K. Roger + Associates.**
 Street Address (P.O. Box Number is Not Acceptable)
621 N.W. 53 ST.
 City **Boca Raton** FL Zip Code **33487**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Randall K. Roger* **Randall K. Roger, Pres.** **04/26/04**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREDRICK, RON 2206 CYPRESS BEND DR S # 503 POMPANO BEACH, FL 33069 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GLORIE, JOHN W 2200 CYPRESS BEND DR S # 205 POMPANO BEACH, FL 33069 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T D'SANTO, PETER 2206 CYPRESS BEND DR S # 906 POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CIELE LE, JEAN FRANCIS 2206 CYPRESS BEND DR S # 306 POMPANO BEACH, FL 33069 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ELDRED, CAROL 2212 CYPRESS BEND DR S # 201 POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLOBUCHAR, ANTHONY 2206 CYPRESS BEND DR S # 905 POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	H Hall, Grene 2208 Cypress Bend Dr. So. POMPANO BEACH, FL 33069 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Vander Katde, Ken 2208 Cypress Bend Dr. So. POMPANO BEACH, FL 33069 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Glorie, John 2200 Cypress Bend Dr. So. POMPANO, FL 33069 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Leclerc, Jean 2206 Cypress Bend Dr. So. POMPANO BEACH, FL 33069. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **04/26/04** **954.955.5647**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #