

Cypress Bend Condc

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2005 8:00 am Secretary of State

05-04-2005 90103 018 ****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
P.O. BOX 18903
PLANTATION, FL 33318 US

14016233



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
C/O CASTLE GROUP
Suite, Apt. #, etc.
P.O. BOX 559009
City & State
FT. LAUDERDALE, FL
Zip Country
33355-9009

03082005 Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
RANDALL K ROGER & ASSOCIATES
621 NW 53 ST.
BOCA RATON, FL 33487

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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
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, 2005

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

Make check payable to Florida Department of State

Table with 2 columns: Title, Name, Street Address, City-ST-ZIP. Rows include D HOLL, GENE; V VANDERKODDE, KEN; T D'SANTO, PETER; P GLORIE, JOHN; S ELDRED, CAROL; D KLOBUCHAR, ANTHONY.

Table with 2 columns: Title, Name, Street Address, City-ST-ZIP. Rows include VPT ADOLPHUS, RICHARD; SD TAYLOR, JANE; ZVP MOLENARI, CINDY; D MC CHESNEY, JOAN; PD; D FOGG, DAVID.

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: Richard Adolphus

4/29/05

Date Daytime Phone #