
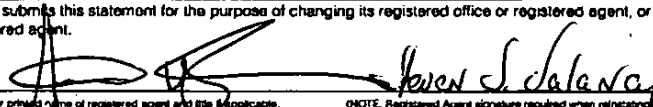
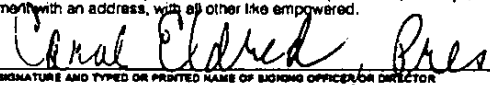


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

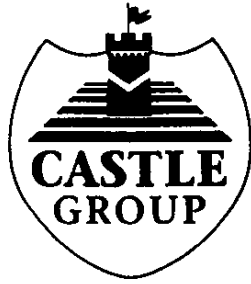
5. **FILED**
Jun 29, 2006 8:00 am
Secretary of State

05-19-2006 90031 032 ****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 CASTLE GROUP P O BOX 559009 FORT LAUDERDALE, FL 33355 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		4. FEI Number NOT APPLICABLE	
RANDALL K ROGER & ASSOCIATES 621 NW 53 ST BOCA RATON, FL 33487 JENNINGS & VALANCY 311 SE 13th St. Fort Lauderdale, FL 33316		Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 04132008 Chg-NP CR2E037 (11/05)	
Name		Name	
Street Ad		Street Ad	
City		City	
JENNINGS & VALANCY, P.A.		JENNINGS & VALANCY, P.A.	
STEVEN S. VALANCY		STEVEN S. VALANCY	
311 SE 13TH STREET		311 SE 13TH STREET	
FORT LAUDERDALE, FL 33316		FORT LAUDERDALE, FL 33316	
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		DATE	
		6-26-2006	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VPT <input checked="" type="checkbox"/> Delete	TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADOLPHUS, RICHARD	NAME	GLORIE, JOHN
STREET ADDRESS	2208 CYPRESS BEND DR #908	STREET ADDRESS	2200 CYPRESS BEND DR S
CITY-ST-ZIP	POMPANO BEACH, FL 33069	CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	SD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, JANE	NAME	
STREET ADDRESS	2202 CYPRESS BEND DR #501	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	CITY-ST-ZIP	
TITLE	ZVP <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLENRI, CINDY	NAME	
STREET ADDRESS	2202 CYPRESS BEND DR	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCHESENEY, JOAN	NAME	
STREET ADDRESS	2208 CYPRESS BEND DR #805	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELDRED, CAROL	NAME	GIANCOLA, DAVID
STREET ADDRESS	2212 CYPRESS BEND DR S # 201	STREET ADDRESS	2202 CYPRESS BEND DR S
CITY-ST-ZIP	POMPANO BEACH, FL 33069	CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLOBUCHAR, ANTHONY	NAME	FOGG, DAVID
STREET ADDRESS	2208 CYPRESS BEND DR S # 905	STREET ADDRESS	2208 CYPRESS BEND DR S
CITY-ST-ZIP	POMPANO BEACH, FL 33069	CITY-ST-ZIP	POMPANO BEACH, FL 33069
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date: 5/15/06 954-792-6000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

bb021077





ATTACHMENT

66021077

#750838

CONSIDER IT DONE!

Andrew Sewell, Property Manager
E-mail: asewell@castlemanagement.net

TELEPHONE: (954) 792-6000,
FACSIMILE: 954-792-6928

June 23, 2006

Via Regular US Mail

Mr. Jennings & Valancy, PA
311 SE 13th Street
Fort Lauderdale, FL 33316

RE: Cypress Bend Condominium II Association, Inc. – Annual Report

Dear Mr. Jennings:

We have received the annual report/uniform business report back, due to the missing signature as the new registered agent.

Please sign and mail back to the Florida Department of State.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Andrew Sewell, LCAM
For the Board of Directors
Cypress Bend Condominium II Association, Inc.

Home Office
12270 SW 3rd Street • Suite C-200
Plantation, FL 33325
TEL. (954) 792-6000
FAX (954) 792-6928

Mailing Address
P.O. Box 189013
Plantation, Florida 33318

Palm Beach Office
5850 W. Atlantic Avenue • Suite 106
Delray Beach, Florida 33484
TEL. (561) 276-4500
FAX (561) 792-6264

WWW.CASTLEMANAGEMENT.NET