

**NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **750838**
 1. Entity Name **Cypress Bend Condominium
 II Association, Inc.**

90129923

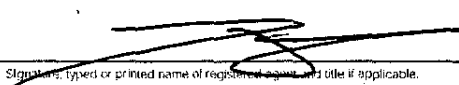
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2204 Cypress Bend Dr. S. Suite, Apt. #, etc.		3. Mailing Address C/o Sundance Property Mgmt. Suite, Apt. #, etc. 11510 W. Sample Rd, Suite 5	
City & State Pompano Beach, FL		City & State Coral Springs, FL	
Zip 33069	Country U.S.A.	Zip 33065	Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE		4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		7. Name and Address of Current Registered Agent			
		Name Steven S. Valancy		Street Address (P.O. Box Number is Not Acceptable) 311 S.E. 13 Street	
		City Fort Lauderdale	FL	Zip Code 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.

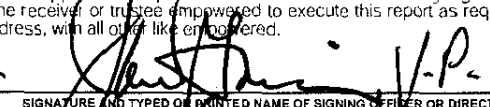
SIGNATURE  **Steven S. Valancy** DATE **03-24-03**

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jean-Francois Leclerc 2206 Cypress Bend Dr. S. #306 Pompano Bch Fl. 33069	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President John Glorie 2200 Cypress Bend Dr. S. #205 Pompano Bch Fl. 33069	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Peter D. Santo 2206 Cypress Bend Dr. S. #906 Pompano Bch Fl. 33069	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Carol Eldred 2212 Cypress Bend Dr. S. #201 Pompano Bch Fl. 33069	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Ron Fredrick 2206 Cypress Bend Dr. S. #503 Pompano Bch Fl. 33069	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Anthony Kloubachar 2206 Cypress Bend Dr. S. #905 Pompano Bch Fl. 33069	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like corporations.

SIGNATURE:  DATE **3-31-03** DAYTIME PHONE # **954-255-6980**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/01)