


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90031 037 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 756145

1. Corporation Name

CYPRESS BEND CONDOMINIUM III ASSOCIATION, INC.

Principal Place of Business
2112 CYPRESS BEND DR. S.
POMPANO BCH. FL 33069

Mailing Address
2112 CYPRESS BEND DR. S.
POMPANO BCH. FL 33069



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/30/1981
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2060551
22 City & State	27 City & State	Applied For Not Applicable
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25	30	

9. Name and Address of Current Registered Agent

KAYE & ROGER PA
6261 NW 6TH WAY
STE 103
FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, 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

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 AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPAHLINGER, JOHN #108	1.2 NAME	Patrica Stussie
STREET ADDRESS	2112 CYPRESS BEND DRIVE	1.3 STREET ADDRESS	2112 Cypress Bend Dr.
CITY-ST-ZIP	POMPANO BCH. FL 33069	1.4 CITY-ST-ZIP	Pompano Beach, Fl. 33069
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SARCOMO, TONY #406	2.2 NAME	Vincent Ploplis
STREET ADDRESS	2112 CYPRESS BEND DR	2.3 STREET ADDRESS	2112 Cypress Bend Dr.
CITY-ST-ZIP	POMPANO BCH. FL 33069	2.4 CITY-ST-ZIP	Pompano Beach, Fl. 33069
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PELLIGRINO, ALICE #206	3.2 NAME	Dusty Willis
STREET ADDRESS	2205 CYPRESS BEND DR., APT. 607	3.3 STREET ADDRESS	2205 Cypress Bend Dr.
CITY-ST-ZIP	POMPANO BEACH FL 33069	3.4 CITY-ST-ZIP	Pompano Beach, Fl. 33069
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, ARLENE #706	4.2 NAME	
STREET ADDRESS	2209 CYPRESS BEND DR., S. APT. 108	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH. FL 33069	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCIANO, JOAN #507	5.2 NAME	
STREET ADDRESS	2209 CYPRESS BEND DR S.	5.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH. FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMOND, LIAL #408	6.2 NAME	
STREET ADDRESS	2205 CYPRESS BEND DR APT 408	6.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL	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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2-99

Date

934-971-5377

Daytime Phone #

CR2E037 (1/198)