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Secretary of State

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

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 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	NAME SPAHLINGER, JOHN #108	1.1 TITLE D	1.2 NAME Patrica Stussie
STREET ADDRESS 2112 CYPRESS BEND DRIVE	CITY-ST-ZIP POMPANO BCH. FL 33069	1.3 STREET ADDRESS 2112 Cypress Bend Dr.	1.4 CITY-ST-ZIP Pompano Beach, Fl. 33069
TITLE VP	NAME SARCOMO, TONY #406	2.1 TITLE D	2.2 NAME Vincent Ploplis
STREET ADDRESS 2112 CYPRESS BEND DR	CITY-ST-ZIP POMPANO BCH. FL 33069	2.3 STREET ADDRESS 2112 Cypress Bend Dr.	2.4 CITY-ST-ZIP Pompano Beach, Fl. 33069
TITLE T	NAME PELLIGRINO, ALICE #206	3.1 TITLE D	3.2 NAME Dusty Willis
STREET ADDRESS 2205 CYPRESS BEND DR., APT. 607	CITY-ST-ZIP POMPANO BEACH FL 33069	3.3 STREET ADDRESS 2205 Cypress Bend Dr.	3.4 CITY-ST-ZIP Pompano Beach, Fl. 33069
TITLE D	NAME FOX, ARLENE #706	4.1 TITLE	4.2 NAME
STREET ADDRESS 2209 CYPRESS BEND DR., S. APT. 108	CITY-ST-ZIP POMPANO BCH. FL 33069	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE D	NAME LUCIANO, JOAN #507	5.1 TITLE	5.2 NAME
STREET ADDRESS 2209 CYPRESS BEND DR S.	CITY-ST-ZIP POMPANO BCH. FL	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE D	NAME HAMMOND, LIAL #408	6.1 TITLE	6.2 NAME
STREET ADDRESS 2205 CYPRESS BEND DR APT 408	CITY-ST-ZIP POMPANO BCH FL	6.3 STREET ADDRESS	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: *John Spahlinger* SIGNATURE REQUIRED *1-2-99* *934-971-5377*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)