

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90019 003 \*\*\*\*61.25

**DOCUMENT # 756145**

1. Entity Name

**CYPRESS BEND CONDOMINIUM III ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

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

2112 CYPRESS BEND DR. S.  
 POMPANO BCH. FL 33069-5637

**C0012298**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2060551**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPAHLINGER, JOHN #108 2112 CYPRESS BEND DRIVE POMPANO BCH. FL 33069	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SARCOMO, TONY #406 2112 CYPRESS BEND DR POMPANO BCH. FL 33069	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PELLIGRINO, ALICE #208 2205 CYPRESS BEND DR., APT. 607 POMPANO BEACH FL 33069	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOX, ARLENE #706 2209 CYPRESS BEND DR., S. APT. 108 POMPANO BCH. FL 33069	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCIANO, JOAN #507 2209 CYPRESS BEND DR S. POMPANO BCH. FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMMOND, LIAL #408 2205 CYPRESS BEND DR APT 408 POMPANO BCH FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENEVINO, WM. #307 2209 CYPRESS BEND DRIVE Pompano Beach, FL 33069	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATRICKA STUSSIE #607 2112 CYPRESS BEND DRIVE Pompano Beach, FL 33069	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VINCENT PLOPLIS #202 2112 CYPRESS BEND DRIVE Pompano Beach, FL 33069	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*John Spahlinger*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-19-00**

Date

Daytime Phone #

CR2E037 (9/99)