2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State
01-27-2005 90046 011 ****61.25

DOCUMENT # 756145

1. Entity Name
CYPRESS BEND CONDOMINIUM III ASSOCIATION, INC.

40007440

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

01202005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2060551 ☐ Applied For ☐ Not Applicable

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
ROBERT KAYE & ASSOCIATES PA 6261 NW 6TH WAY STE 103 FT LAUDERDALE, FL 33309	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P SPAHLINGER, JOHN #108 2112 CYPRESS BEND DRIVE POMPANO BCH., FL 33069	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ALICE PELLEGRINO 2205 S. CYPRESS BEND DR. #206 POMPANO BEACH FL 33069 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GANDY, RONALD 2205 CYPRESS BEND DR., #507 POMPANO BEACH, FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4452 NW 43 ST. COCONUT CREEK, FL 33073 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARLENE, FOX 2205 CYPRESS BEND DR POMPANO BEACH, FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BILL GENEVRINO 2209 S. CYPRESS BEND DR. # 307 POMPANO BEACH FL 33069 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KORONCZAY, EDITH 2205 CYPRESS BEND DR., #205 POMPANO BCH., FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOB ARCIERO 2209 S. CYPRESS BEND DR. # 408 POMPANO BEACH FL 33069 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LUCIANO, JOAN #507 2209 CYPRESS BEND DR S. POMPANO BCH., FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LILA HAMMOND 2205 S. CYPRESS BEND DR. # 408 POMPANO BEACH FL 33069 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ P PLOPLIS, VINCE 2112 CYPRESS BEND DRIVE POMPANO BEACH, FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT — ☒ Change ☐ 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: X _____ 1-24-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #