2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

02-26-2007 90085 007 ****61.25
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 756145

1. Entity Name

CYPRESS BEND CONDOMINIUM III ASSOCIATION, INC.

1st MOORE CR2E037 (10/06)

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

2. Principal Place of Business - No P.O. Box #	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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	V PELLEGRINO, ALICE 2205 S. CYPRESS BEND DR. #206 POMPANO BCH. FL 33069 Vice-President	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Sec'y KRIGIER DAWN 2205 CYPRESS BEND DR APT 107 POMPANO BEACH FL. 33069
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D Director GENEVRINO, BILL 2209 S. CYPRESS BEND DR #307 POMPANO BCH FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	BLAND CYNTHIA 2209 CYPRESS BEND DR APT 308 POMPANO BEACH FL. 33069 TREASURER
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T ARLENE, FOX 2205 CYPRESS BEND DR POMPANO BEACH FL 33069 Director	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	KIERNAN TAMMI 2112 CYPRESS BEND DR APT 102 POMPANO BEACH FL 33069 Director
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	S HAMMOND, LILA 2205 S. CYPRESS BEND DR #404 POMPANO BCH. FL 33069 Director	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D SOBOLEWSKI, DAN 2112 S. CYPRESS BEND DR #901 POMPANO BEACH FL 33069 Director	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P PLOPLIS, VINCE 2112 CYPRESS BEND DRIVE #202 POMPANO BEACH FL 33069 President	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: V.J. Ploplis President 3/14/07 954-971-5377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jc 3/23