

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # 756145

1. Entity 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



03272008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2060551	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ROBERT KAYE & ASSOCIATES PA
6261 NW 6TH WAY
STE 103
FT LAUDERDALE, FL 33309

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000904338
05/01/08-80008-023 61.25

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	PELLEGRINO, ALICE
STREET ADDRESS	2205 S. CYPRESS BEND DR. #206
CITY-ST-ZIP	POMPANO BCH., FL 33069
TITLE	D
NAME	GENEVINO, BILL
STREET ADDRESS	2209 S. CYPRESS BEND DR #307
CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	T
NAME	BLAND, CYNTHIA
STREET ADDRESS	2209 CYPRESS BEND DRIVE #208
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	S
NAME	KRIEGER, DAWN
STREET ADDRESS	2205 CYPRESS BEND DRIVE STE 107
CITY-ST-ZIP	POMPANO BCH., FL 33069
TITLE	D
NAME	SOBOLEWSKI, DAN
STREET ADDRESS	2112 S. CYPRESS BEND DR #901
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	P
NAME	PLOPLIS, VINCE
STREET ADDRESS	2112 CYPRESS BEND DRIVE
CITY-ST-ZIP	POMPANO BEACH, FL 33069

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 4/14/08 954-254-7906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #