

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90104 008 ****61.25

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**



☐ CHECK HERE IF MAKING CHANGES

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

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

Name **ROBERT KAYE & ASSOCIATES, P. A.**
Street Address (P.O. Box Number is Not Acceptable)
6261 NORTHWEST 6TH WAY Suite 103
FORT LAUDERDALE FL.
City **FL** Zip Code **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Robert Kaye President*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-20-03

FILE NOW: FEE IS \$61.25

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 **P** ☐ Delete
NAME **SPAHLINGER, JOHN #108**
STREET ADDRESS **2112 CYPRESS BEND DRIVE**
CITY-ST-ZIP **POMPANO BCH. FL 33069**

TITLE ☐ Change ☒ Addition
NAME **William GENEURINO**
STREET ADDRESS **2209 CYPRESS BEND DRIVE**
CITY-ST-ZIP **POMPANO BCH. FL 33069**

TITLE **D** ☐ Delete
NAME **GANDY, RONALD**
STREET ADDRESS **2205 CYPRESS BEND DR., #507**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **S** ☐ Change ☒ Addition
NAME **LILA HAMMOND**
STREET ADDRESS **2205 CYPRESS BEND DRIVE**
CITY-ST-ZIP **POMPANO BCH. FL 33069**

TITLE **D** ☐ Delete
NAME **WATTS, TIM**
STREET ADDRESS **2205 CYPRESS BEND DR., #407**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **I** ☐ Delete
NAME **KORONCZAY, EDITH**
STREET ADDRESS **2205 CYPRESS BEND DR., #205**
CITY-ST-ZIP **POMPANO BCH. FL 33069**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **LUCIANO, JOAN #507**
STREET ADDRESS **2209 CYPRESS BEND DR. S.**
CITY-ST-ZIP **POMPANO BCH. FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **PLOPLIS, VINCE**
STREET ADDRESS **2112 CYPRESS BEND DRIVE**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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* **JOHN SPAHLINGER**

1-16-03

954-971-5377

CR2E037 (10/02)