FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N10136 (2)

1. Corporation Name

CYPRESS BEND CONDOMINIUM V ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9917 NW 2ND ST. PLANTATION FL 33324	9917 NW 2ND ST. PLANTATION FL 33324

3. Date Incorporated or Qualified: 07/09/1985
3a. Date of Last Report: 03/22/1995

2. Principal Place of Business	2a. Mailing Address
21 3500 Gateway Drive	26 3500 Gateway Drive
Suite, Apt. #, etc. 22 # 202	Suite, Apt. #, etc. 27 # 202
City & State 23 Pompano Beach, FL.	City & State 28 Pompano Beach, FL
Zip 24 33069 Country 25 USA	Zip 29 33069 Country 30 USA

4. FEI Number: 59-2552569 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GRANER, THOMAS U ESQ.
2295 CORPORATE BLVD. NW.
SUITE 145
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name: CHERYL Livene ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): 10226 NW 47 Street
83: So
84 City: Sunrise FL 85 Zip Code: 33351

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE X [signature] Cheryl J. Lewin — X 4/24/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	POMARANTZ, NORMAN		1.2 NAME	Fred Morzak	
STREET ADDRESS	9917 NW 2ND ST.		1.3 STREET ADDRESS	2220 Cypress Bend DR. # 110	
CITY-ST-ZIP	PLANTATION FL 33325		1.4 CITY-ST-ZIP	Pompano Bch., FL 33069	
TITLE	VPD	☒ DELETE	2.1 TITLE	V/S/D	☐ Change ☒ Addition
NAME	RERD, DOLORES		2.2 NAME	Dinorah Perez	
STREET ADDRESS	9917 NW 2ND ST.		2.3 STREET ADDRESS	2222 Cypress Bend DR. # 404	
CITY-ST-ZIP	PLANTATION FL 33325		2.4 CITY-ST-ZIP	Pompano Bch., FL 33069	
TITLE	SD	☒ DELETE	3.1 TITLE	S/V/D	☐ Change ☒ Addition
NAME	SIMPSON, JOAN		3.2 NAME	Dinorah Perez	
STREET ADDRESS	9917 NW 2ND ST.		3.3 STREET ADDRESS	2222 Cypress Bend DR. # 404	
CITY-ST-ZIP	PLANTATION FL 33325		3.4 CITY-ST-ZIP	Pompano Bch., FL 33069	
TITLE	TD	☐ DELETE	4.1 TITLE	T/D	☐ Change ☒ Addition
NAME	MORZAK, FRED		4.2 NAME	Howard Reiss	
STREET ADDRESS	9917 NW 2ND ST.		4.3 STREET ADDRESS	2220 Cypress Bend DR.	
CITY-ST-ZIP	PLANTATION FL 33325		4.4 CITY-ST-ZIP	Pompano Bch., FL 33069	
TITLE	D	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	ROUS, BILL		5.2 NAME	Norman Pomarantz	
STREET ADDRESS	9917 NW 2ND ST.		5.3 STREET ADDRESS	2220 Cypress Bend DR. # 305	
CITY-ST-ZIP	PLANTATION FL 33325		5.4 CITY-ST-ZIP	Pompano Bch, FL 33069	
TITLE	D	☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	BERGANTINO, HUGO		6.2 NAME	Gilles Archambauld	
STREET ADDRESS	9917 NW 2ND ST.		6.3 STREET ADDRESS	2220 Cypress Bend DRive # 501	
CITY-ST-ZIP	PLANTATION FL 33325		6.4 CITY-ST-ZIP	Pompano Beach, FL 33069	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dinorah P.: - Dinorah Perez — 4-19-96 — 954-972-9349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #