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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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
3500 GATEWAY DRIVE #202 POMPANO BEACH FL 30369 US	3500 GATEWAY DRIVE #202 POMPANO BEACH FL 33069-4870 US

3. Date Incorporated or Qualified: 07/09/1985
3a. Date of Last Report: 04/29/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

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

LEVIN
~~LIVENE~~, CHERYL E J
10226 NW 47 STREETQ
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	~~MORZAK, FRED~~ MARZAK		1.2 NAME	~~MARZAK, FRED~~	
STREET ADDRESS	2220 CYPRESS BEND DR., #110		1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	2.1 TITLE	PD	☐ Change ☒ Addition
NAME	PEREZ, DINORAH		2.2 NAME	KING, JAMES	
STREET ADDRESS	2222 CYPRESS BEND DR., #404		2.3 STREET ADDRESS	2222 CYPRESS BEND DR N. # 410	
CITY-ST-ZIP	POMPANO BEACH FL		2.4 CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	SVD	☒ DELETE	3.1 TITLE	SVD	☐ Change ☒ Addition
NAME	PEREZ, DINORAH		3.2 NAME	WILKINSON, CATHY	
STREET ADDRESS	2222 CYPRESS BEND DR., #404		3.3 STREET ADDRESS	2222 CYPRESS BEND DR N. # 308	
CITY-ST-ZIP	POMPANO BEACH FL		3.4 CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	~~TD~~ Director only	☒ DELETE	4.1 TITLE	~~DIRECTOR~~ TREASURER/D	☒ Change ☒ Addition
NAME	REISS, HOWARD		4.2 NAME	BELISLE, RAYMOND	
STREET ADDRESS	2220 CYPRESS BEND DR.		4.3 STREET ADDRESS	2224 CYPRESS BEND DR N # 302	
CITY-ST-ZIP	POMPANO BEACH FL		4.4 CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	POMARANTZ, NORMAN		5.2 NAME	DOYAN, DENIS	
STREET ADDRESS	2220 CYPRESS BEND DR., #305		5.3 STREET ADDRESS	2222 CYPRESS BEND DR N. # 110	
CITY-ST-ZIP	POMPANO BEACH FL		5.4 CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ARCHAMBAULT, GILLES		6.2 NAME		
STREET ADDRESS	2220 CYPRESS BEND DR., #501		6.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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: James E. King JAMES E. KING 1/30/97 954 972 7081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0025888