FILED **2001 UNIFORM BUSINESS REPORT (UBR)** May 16, 2001 8:00 am § Secretary of State DOCUMENT # N10136 1. Entity Name 05-16-2001 90396 004 ****61.25 CYPRESS BEND CONDOMINIUM V ASSOCIATION, INC. Principal Place of Business Mailing Address 3500 GATEWAY DRIVE 3500 GATEWAY DRIVE POMPANO BEACH FL 30369 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2552569 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LEVIN, CHERYL E 10226 NW 47 STREETQ SUNRISE FL 33351 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. VPD TITLE TITLE Delete NAME NAME KING, JAMES 3500 BATEWAY DRIVE #302 STREET ADDRESS 2222 CYPRESS BEND DR #410 STREET ADDRESS POMPADO SEACH. FL CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33069 Change TITLE Delete TITLE NAME WILKINSON, CATHY NAME STREET ADDRESS 3500 GATEWAY DRIVE #202

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

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2222 CYPRESS BENO DR. N. #308

2222 CYPRESS BEND DR N. #502

2220 CYPRESS BEND DR., #305

POMPANO BEACH FL

ARCHAMBAULT, GILLES

POMARANTZ, NORMAN

<u>Pompano Be</u>ach Fl

POMPANO BEACH FL 33069

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3500 GATELDAY DRIVE #202

3500 GATEWAY DRIVE #202

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