

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90105 012 ****61.25

DOCUMENT # N10136

1. Entity Name

CYPRESS BEND CONDOMINIUM V ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3500 GATEWAY DRIVE
 #202
 POMPANO BEACH FL 33069
 US**

**3500 GATEWAY DRIVE
 #202
 POMPANO BEACH FL 33069
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2552569

Applied For

Not Applicable

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

**LEVIN, CHERYL J
 COURTYARD BUSINESS CENTER
 4694 NW 103RD AVENUE
 SUNRISE FL 33351-7970**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
 NAME **KING, JAMES**
 STREET ADDRESS **3500 GATEWAY DRIVE #202**
 CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **P** ☒ Change ☐ Addition
 NAME **KING, JAMES**
 STREET ADDRESS **2222 CYPRESS BEND DR N. # 410**
 CITY-ST-ZIP **POMPANO BEACH FL 33065**

TITLE **SD** ☐ Delete
 NAME **WILKINSON, CATHY**
 STREET ADDRESS **3500 GATEWAY DRIVE #202**
 CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **SD** ☒ Change ☐ Addition
 NAME **WILKINSON, CATHY**
 STREET ADDRESS **2222 CYPRESS BEND DR N #308**
 CITY-ST-ZIP **POMPANO BEACH, FL 33065**

TITLE **TD** ☒ Delete
 NAME **ARCHAMBAULT, GILLES**
 STREET ADDRESS **2222 CYPRESS BEND DR N. #502**
 CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **D** ☐ Change ☒ Addition
 NAME **DELLACAKE, VINCENT**
 STREET ADDRESS **2222 CYPRESS BEND DR N #303**
 CITY-ST-ZIP **POMPANO BEACH, FL 33065**

TITLE **T** ☐ Delete
 NAME **POMARANTZ, NORMAN**
 STREET ADDRESS **2220 CYPRESS BEND DR., #305**
 CITY-ST-ZIP **POMPANO BEACH FL**

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

TITLE **D** ☐ Delete
 NAME **CROZIER, BARBARA**
 STREET ADDRESS **3500 GATEWAY DRIVE #202**
 CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **VP** ☒ Change ☐ Addition
 NAME **CROZIER, BARBARA**
 STREET ADDRESS **2220 CYPRESS BEND DR N # 201**
 CITY-ST-ZIP **POMPANO BEACH, FL 33065**

TITLE **VP** ☒ Delete
 NAME **DOYON, DENIS**
 STREET ADDRESS **3500 GATEWAY DRIVE #202**
 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:

Signature Required

JAMES E KING **PLS** **2/3/02** **972 7081**

CR2E037 (9/01)