2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 02, 2005 8:00 am **Secretary of State** DOCUMENT # N10136 1. Entity Name 03-02-2005 90083 050 ****61.25 CYPRESS BEND CONDOMINIUM V ASSOCIATION, INC. Principal Place of Business Mailing Address 3500 GATEWAY DRIVE 3500 GATEWAY DRIVE #202 POMPANO BEACH FL 30369 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 59-2552569 Not Applicable Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEVIN, CHERYL J Street Address (P.O. Box Number is Not Acceptable) COURTYARD BUSINESS CENTER **4694 NW 103RD AVENUE** SUNRISE FL 33351-7970 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. KESIDENT Change TITLE Delete TITLE ■ Addition KING, JAMES NAME 2222 CYPRESS BEND DR N. #410 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33069 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition WILKINSON, CATHY NAME NAME 2222 CYPRESS BEND DR N, #308 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33069 CITY - ST - ZIP CITY-ST-7(P THEASUREW Addition TITLE Delete DELLICANI, UINCENT LILL CYPHESS BENDON OF 300 JOHNSON, MARTIN NAME 2220 CYPRESS BEND DR N # 104 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33069 CITY-ST-ZIP POMPHER BEACL OL 33069 CITY-ST-ZIP VICE PRESIDENT Delete Addition TOTALE TITE F DOYON, DENIS NAME NAME 2226 CYPRESS BEND DR N # 501 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33069 CITY-ST-7IP CITY-ST-7IP HINES, JULES 2220 CYPRESS BEND OR Delete TITLE ☐ Change Addition CROZIER, BARBARA NAME MAME 2222 CYPRESS BEND DR N, #201 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33069 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TIZLE ☐ Defete TITLE NAME NAME 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 of trustee empowered to expect this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

<u>2-25-05</u>

Daytime Phone #

changed, or on an attachma

SIGNATURE

FILED