

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 756145

**Entity Name:** CYPRESS BEND CONDOMINIUM III ASSOCIATION, INC.

**Current Principal Place of Business:**

2112 CYPRESS BEND DR. S.  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

2112 CYPRESS BEND DR. S.  
POMPANO BEACH, FL 33069

**FEI Number:** 59-2060551

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STEVEN'S & GOLDWYN, P.A.  
2 S. UNIVERSITY DRIVE  
SUITE 329  
PLANTATION, FL 33324 US

*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ELLISON, DEBORAH  
Address        2112 CYPRESS BEND DR. S.  
City-State-Zip: POMPANO BEACH FL 33069

Title            T  
Name            SARCOMO, TONY  
Address        2112 CYPRESS BEND DR. S.  
City-State-Zip: POMPANO BEACH FL 33069

Title            VP  
Name            ORTIZ, RALPH  
Address        2112 CYPRESS BEND DR. S.  
City-State-Zip: POMPANO BEACH FL 33069

Title            S  
Name            KRIGIER, DAWN  
Address        2205 S CYPRESS BEND DR.  
City-State-Zip: POMPANO BEACH FL 33064

Title            D  
Name            SOBOLEWSKI, DAN  
Address        2112 S CYPRESS BEND DR  
City-State-Zip: POMPANO BEACH FL 33069

Title            DIRECTOR  
Name            MCDUGALL, JOHN  
Address        2112 CYPRESS BEND DR. S.  
City-State-Zip: POMPANO BEACH FL 33069

Title            DIRECTOR  
Name            MICHAELS, CHRISTOPHER  
Address        2112 CYPRESS BEND DR. S.  
City-State-Zip: POMPANO BEACH FL 33069

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DEBORAH ELLISON

**PRESIDENT**

**04/09/2015**

Electronic Signature of Signing Officer/Director Detail

Date