

**2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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 SMITH, ROBERT
Address 2112 CYPRESS BEND DR. S.
City-State-Zip: POMPANO BEACH FL 33069

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

Title TREASURER
Name SMITH, ROBERT
Address 2112 CYPRESS BEND DR. S.
City-State-Zip: POMPANO BEACH FL 33069

Title SECRETARY
Name OBRIEN, VIRGINIA
Address 2112 CYPRESS BEND DR. S.
City-State-Zip: POMPANO BEACH FL 33069

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

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

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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: ROBERT SMITH

PRESIDENT

02/21/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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