

FILE NOW: FILING FEE IS \$61.25

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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **725590** (4)

1. Corporation Name

CYPRESS BEND PROTECTIVE CORPORATION, INC.



Principal Place of Business	Mailing Address
2301 CYPRESS BEND DR. SO. POMPAÑO BEACH FL 33069	2301 CYPRESS BEND DR. SO. POMPAÑO BEACH FL 33069

3. Date Incorporated or Qualified 02/19/1973	
4. FEI Number 59-1577746	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
KAYE & ROGER PA 1500 W CYPRESS CREEK ROAD SUITE 207 FORT LAUDERDALE FL 33309	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	6261 NW 6th Way Suite #103
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERS, BARBARA	1.2 NAME	Lonow, Virginia
STREET ADDRESS	2217 CYPRESS ISLAND DRIVE #205	1.3 STREET ADDRESS	2304 Cypress Bend Dr S #505
CITY-ST-ZIP	POMPAÑO BEACH FL	1.4 CITY-ST-ZIP	Pompano Beach, FL 33069
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALPERT, MARTY	2.2 NAME	
STREET ADDRESS	2232 CYPRESS BEND DRIVE NORTH #407	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPAÑO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, ARLENE	3.2 NAME	Peters, Barbara
STREET ADDRESS	2205 CYPRESS BEND DRIVE SOUTH #706	3.3 STREET ADDRESS	2217 Cypress Island Dr #205
CITY-ST-ZIP	POMPAÑO BCH. FL	3.4 CITY-ST-ZIP	Pompano Beach, FL 33069
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LONOW, VIRGINIA	4.2 NAME	Wheeler, Jo-Ann
STREET ADDRESS	2304 CYPRESS BEND DRIVE #515	4.3 STREET ADDRESS	2312 Cypress Bend Dr S #208
CITY-ST-ZIP	POMPAÑO BEACH FL	4.4 CITY-ST-ZIP	Pompano Beach, FL 33069
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Virginia L. Lonow* 01/23/98 954-971-7129

CR2E037 (10/97)