

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # 725590

1. Entity Name
CYPRESS BEND PROTECTIVE CORPORATION, INC.



Principal Place of Business
**2301 CYPRESS BEND DR. SO.
POMPANO BEACH, FL 33069**

Mailing Address
**2301 CYPRESS BEND DR. SO.
POMPANO BEACH, FL 33069**

DO NOT WRITE IN THIS SPACE



01142008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-1577746

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROBERT KAYE & ASSOCIATES, P.A.
6261 NW 6TH WAY #103
FORT LAUDERDALE, FL 33309**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
PETERS, BARBARA
2217 CYPRESS ISLAND DR. #205
POMPANO BEACH, FL 33069**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S.
ELLIOT, JANICE
2304 S. CYPRESS BEND DR #413B
POMPANO BEACH, FL 33069**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
KING, JAMES
2222 CYPRESS BEND DR N 410
POMPANO BCH., FL 33069**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
DAISEY, DEIDRA
2309 CYPRESS BEND DR S #413A
POMPANO BEACH, FL 33060**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/29/08

Date

954-972-8880

Daytime Phone #