FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 766015 (2)

1. Corporation Name

CYPRESS BEND CONDOMINIUM IV ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1280 SW 36 AVE STE 304 POMPANO BCH FL 33069 US	1280 SW 36 AVE STER 304 POMPANO BCH FL 33069 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/07/1982
3a. Date of Last Report: 04/15/1994
4. FEI Number: 59-2349683 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CAMPBELL PROP.MGMT. 1280 ~~SW 36TH AVE STE~~ 304 ~~POMPANO BCH FL~~ 33069	81 Name: Cheryl Levin, P.A. 82 Street Address (P.O. Box Number is Not Acceptable): 10226 NW 44th St. 83 84 City: Sunrise FL 85 Zip Code: 33357

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE [signature] Cheryl J. Levin attorney for assoc. DATE 4/24/95

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☐ Change ☒ Addition
NAME	ENGELSON, ROBERT	1.2 NAME	SHIRLEY MILLS
STREET ADDRESS	2108 CYPRESS BEND DR S	1.3 STREET ADDRESS	2108 Cypress Bend Dr. S
CITY-ST-ZIP	POMPANO BCH FL	1.4 CITY-ST-ZIP	Pompano Bch. FL 33069
TITLE	TD	2.1 TITLE	D ☐ Change ☒ Addition
NAME	MARQUETTE, JOHN	2.2 NAME	Ronnie Levine
STREET ADDRESS	2108 CYPRESS BEND DR S	2.3 STREET ADDRESS	2106 Cypress Bend DR. S
CITY-ST-ZIP	POMPANO BCH FL	2.4 CITY-ST-ZIP	Pompano Bch. FL 33069
TITLE	DS	3.1 TITLE	☐ Change ☐ Addition
NAME	PAGE, A JETTE	3.2 NAME	
STREET ADDRESS	2108 CYPRESS BEND DR S	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	~~SAUNDERS, LILLIAN~~	4.2 NAME	
STREET ADDRESS	2104 CYPRESS BEND DR NO	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	4.4 CITY-ST-ZIP	
TITLE	DV	5.1 TITLE	☐ Change ☐ Addition
NAME	MAHAR, JAMES	5.2 NAME	
STREET ADDRESS	2216 CYPRESS BEND DR NO	5.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	5.4 CITY-ST-ZIP	
TITLE	DP	6.1 TITLE	☐ Change ☐ Addition
NAME	ROSIN, JAMES	6.2 NAME	
STREET ADDRESS	2108 CYPRESS BEND DR SO	6.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] — 5/15/95 — 968-0004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #