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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 766015 (2)

1. Corporation Name

CYPRESS BEND CONDOMINIUM IV ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1280 SW 36TH AVENUE STE 304 POMPANO BEACH FL 33069 US	1280 SW 36TH AVENUE STE 304 POMPANO BEACH FL 33069-4868 US

3. Date Incorporated or Qualified: 12/07/1982
3a. Date of Last Report: 04/16/1996

2. Principal Place of Business
21: 3500 Gateway Dr
22 Suite, Apt. #, etc.: #202
23 City & State: Pomp. Bch., FL
24 Zip: 33069
25 Country: U.S.A.

2a. Mailing Address
26: Same
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip:
30 Country:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CHERYL LEVIN, P.A.
10226 NW 47TH ST
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 _____ DATE
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	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SHIRLEY MILLS		1.2 NAME	
STREET ADDRESS	2108 CYPRESS BEND DR. S.		1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MARQUETTE, JOHN		2.2 NAME	
STREET ADDRESS	2108 CYPRESS BEND DR S		2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL		2.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	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	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	INDEN, ESTELLE		4.2 NAME	
STREET ADDRESS	2108 CYPRESS BEND DR S		4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL		4.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	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	☐ DELETE	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	

CR2E037 (9/96)

14. I do 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: Patricia Page-Shareholder 2/26/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0025909