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Feb 12 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 # **766015** (2)
1. Corporation Name
CYPRESS BEND CONDOMINIUM IV ASSOCIATION, INC.

Principal Place of Business 3500 GATEWAY DR #202 POMPANO BEACH FL 33069 US	Mailing Address 3500 GATEWAY DR #202 POMPANO BEACH FL 33069 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 12/07/1982	
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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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, State, Zip Code FL 85 Zip Code
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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D SHIRLEY MILLS 2108 CYPRESS BEND DR. S. POMPANO BEACH FL	1.1 TITLE	Ruth Quier Director
NAME		1.2 NAME	2106 Cypress Bend Drive #307
STREET ADDRESS		1.3 STREET ADDRESS	Pompano Beach FL 33069
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Director
TITLE	DT MARQUETTE, JOHN 2108 CYPRESS BEND DR S POMPANO BCH FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DS PAGE, A JETTE 2108 CYPRESS BEND DR S POMPANO BCH FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D INDEN, ESTELLE 2108 CYPRESS BEND DR S POMPANO BCH FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DV MAHAR, JAMES 2216 CYPRESS BEND DR NO POMPANO BEACH FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DP ROSIN, JAMES 2108 CYPRESS BEND DR SO POMPANO BEACH FL	6.1 TITLE	
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:

Shirley Mills

CP2E037 (10/97)