

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90082 032 ****61.25

DOCUMENT # 766015

1. Entity Name

CYPRESS BEND CONDOMINIUM IV ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3500 GATEWAY DR
 #202
 POMPANO BEACH FL 33069
 US

3500 GATEWAY DR
 #202
 POMPANO BEACH FL 33069-4870
 US

040409



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2349683

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. SHIRLEY MILLS 2108 CYPRESS BEND DR. S. POMPANO BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PAGE, A JETTE 2108 CYPRESS BEND DR S POMPANO BCH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INDEN, ESTELLE 2108 CYPRESS BEND DR S POMPANO BCH FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MAHAR, JAMES 2216 CYPRESS BEND DR NO POMPANO BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROSIN, JAMES 2108 CYPRESS BEND DR SO POMPANO BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Bob Engelson 2108 Cypress Bend S. Pompano Bch FL 33069	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT Richard Rice Cypress Bend Dr. Pompano Bch FL 33069	☐ Change ☒ Addition

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/18/2000