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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 26, 2001 8:00 am
Secretary of State
05-19-2001 90281 007 ****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

8808

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2349683 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHERYL LEVIN, P.A.
10228 NW 47TH ST
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable (If new Registered Agent signature required when reinstated)

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	D	☒ Delete	TITLE	VP-D	☐ Change ☒ Addition
NAME	SHIRLEY MILLS		NAME	RICHARD RICE	
STREET ADDRESS	2108 CYPRESS BEND DR. S.		STREET ADDRESS	3500 GATEWAY DR. #202	
CITY-ST-ZIP	POMPANO BEACH FL		CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE	OST	☒ Delete	TITLE	T-D	☐ Change ☒ Addition
NAME	PAGE, A JETTE		NAME	ROBERT ENGLESON	
STREET ADDRESS	2108 CYPRESS BEND DR S		STREET ADDRESS	3500 GATEWAY DR. #202	
CITY-ST-ZIP	POMPANO BCH FL		CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE	D	☒ Delete	TITLE	S-D	☐ Change ☐ Addition
NAME	INDEN, ESTELLE		NAME	KENT FICARRA	
STREET ADDRESS	2108 CYPRESS BEND DR S		STREET ADDRESS	3500 GATEWAY DR #202	
CITY-ST-ZIP	POMPANO BCH FL		CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE	DV	☐ Delete	TITLE	P-D	☒ Change ☐ Addition
NAME	MAHAR, JAMES		NAME		
STREET ADDRESS	2216 CYPRESS BEND DR NO		STREET ADDRESS	3500 GATEWAY DR. #202	
CITY-ST-ZIP	POMPANO BEACH FL		CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE	DP	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	ROSIN, JAMES		NAME		
STREET ADDRESS	2108 CYPRESS BEND DR SO		STREET ADDRESS	3500 GATEWAY DR. #202	
CITY-ST-ZIP	POMPANO BEACH FL		CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E137 (9/99)

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 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 Patricia L. Bell Rep. Manager 5/7/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE