

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90039 003 ****61.25

DOCUMENT # 766015

1. Entity Name

CYPRESS BEND CONDOMINIUM IV ASSOCIATION, INC.



Principal Place of Business

3500 GATEWAY DR
#202
POMPAÑO BEACH FL 33069
US

Mailing Address

3500 GATEWAY DR
#202
POMPAÑO BEACH FL 33069
US

24037835



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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 J. LEVIN, P.A.
COURTYARD BUSINESS CENTER
4694 NW 103RD AVENUE
SUNRISE FL 33351-7970

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE DT
NAME ENGLESON, ROBERT ☒ Delete
STREET ADDRESS 3500 GATEWAY DR., #202
CITY- ST- ZIP POMPAÑO BEACH FL 33069

TITLE SD
NAME FICARRA, KENT ☒ Delete
STREET ADDRESS 3500 GATEWAY DR. #202
CITY- ST- ZIP POMPAÑO BEACH FL 33069

TITLE P
NAME MAHAR, JAMES ☐ Delete
STREET ADDRESS 3500 GATEWAY DR. #202
CITY- ST- ZIP POMPAÑO BEACH FL 33069

TITLE VP
NAME ROSIN, JAMES ☐ Delete
STREET ADDRESS 3500 GATEWAY DR., #202
CITY- ST- ZIP POMPAÑO BEACH FL 33069

TITLE ~~MAUREEN CONNORS~~ ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Secretary
NAME Maureen Connors ☐ Change ☒ Addition
STREET ADDRESS 3500 Gateway Dr. #202
CITY- ST- ZIP Pompano Beach FL 33069

TITLE TREASURER
NAME Diane Decarutele Evans ☐ Change ☒ Addition
STREET ADDRESS 3500 Gateway Drive #202
CITY- ST- ZIP Pompano Beach FL 33069

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE Director
NAME Linda Kopopka ☐ Change ☒ Addition
STREET ADDRESS 3500 Gateway Drive #202
CITY- ST- ZIP Pompano Beach FL 33069

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. 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 as an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

04/05/04