2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State
04-25-2005 90225 046 ****61.25

V03500 20043354

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 US

1st MOORE CR2E037 (10/04)

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 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, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CONNORS, MAUREEN 3500 GATEWAY DR., #202 POMPANO BEACH FL 33069	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP / TREAS ENGLESON ROBERT 3500 GATEWAY DR #202 POMPANO BEACH FL 33069	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DECARUFEL EVANS, DIANE 3500 GATEWAY DR., #202 POMPANO BEACH FL 33069	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MAHAR, JAMES 3500 GATEWAY DR. #202 POMPANO BEACH FL 33069	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FICARRA KENT 3500 GATEWAY DR #202 POMPANO BEACH FL 33069	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSIN, JAMES 3500 GATEWAY DR., #202 POMPANO BEACH FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D / P CHANGE KONOPKA, LINDA 3500 GATEWAY DR., #202 POMPANO BEACH FL 33069	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☒ CHANGE KONOPKA RON 3500 GATEWAY DR #202 POMPANO BEACH FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Robert H. Engleson VP/Treas 4-15-05 954-972-4750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #