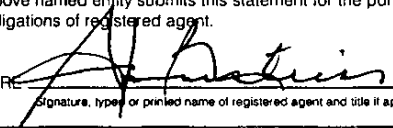
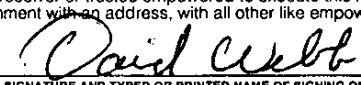


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90051 003 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       |                                                                                                                        |                                                                                                     |                                                                                                                                                                                                                       |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # 766015</b><br>1. Entity Name<br><b>CYPRESS BEND CONDOMINIUM IV ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                       |                                                                                                                        |                                                                                                     |                                                                                                                                      |                                                                              |
| Principal Place of Business<br><b>5300 POWERLINE ROAD</b><br><b>200-A</b><br><b>FT. LAUDERDALE, FL 33309 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       |                                                                                                                        | Mailing Address<br><b>5300 POWERLINE ROAD</b><br><b>200-A</b><br><b>FT. LAUDERDALE, FL 33309 US</b> |                                                                                                                                                                                                                       |                                                                              |
| 2. Principal Place of Business - No P.O. Box #<br><b>7300 W McNab</b><br>Suite, Apt. #, etc. <b>220</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                       | 3. Mailing Address<br><b>7300 W McNab</b><br>Suite, Apt. #, etc. <b>220</b>                                            |                                                                                                     |                                                                                                                                     |                                                                              |
| City & State<br><b>Tamarac FL 3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       | City & State<br><b>Tamarac FL</b>                                                                                      |                                                                                                     | 4. FEI Number<br><b>59-2349683</b>                                                                                                                                                                                    |                                                                              |
| Zip<br><b>33321</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       | Country<br><b>Broward</b>                                                                                              |                                                                                                     | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                       |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>MEYROWITZ, ANDY</b><br><b>90 DCI ASSOCIATION SERVICES</b><br><b>2035 HARDING STREET, SUITE 200</b><br><b>HOLLYWOOD, FL 33020</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                       |                                                                                                                        |                                                                                                     | 7. Name and Address of New Registered Agent<br>Name <b>D+B Prop. Mgt. Svcs.</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>7300 W McNab #220</b><br>City <b>Tamarac</b> <b>FL</b> Zip Code <b>33321</b> |                                                                              |
| 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.<br><br>SIGNATURE  DATE <b>3/16/07</b><br><small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>                                                                                                                        |                                                                                       |                                                                                                                        |                                                                                                     |                                                                                                                                                                                                                       |                                                                              |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                       | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                     | <b>Make check payable to</b><br><b>Florida Department of State</b>                                                                                                                                                    |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                                                                                        |                                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                                          |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | V<br>MAHAR, JAMES<br>2216 CYPRESS BEND DR. #510<br>POMPANO BEACH, FL 33069            | <input checked="" type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                      | Sandra Hickox<br>2216 N. Cypress Bend Dr<br>#203                                                                                                                                                                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | S<br>FLORESTAL, TCHARLY<br>2108 S CYPRESS BEND DRIVE; #301<br>POMPANO BEACH, FL 33069 | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                      | Francis Lyons<br>2104 S Cypress Bend Dr. #505                                                                                                                                                                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | P<br>WEBB, DAVID<br>2106 S CYPRESS BEND DRIVE, #508<br>POMPANO BEACH, FL 33069        | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                      |                                                                                                                                                                                                                       |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PVP<br>INDEN, ESTELLE<br>2108 S CYPRESS BEND DRIVE, #307<br>POMPANO BEACH, FL 33069   | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                      |                                                                                                                                                                                                                       |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>HOPPER, TARA<br>2104 CYPRESS BEND DR. #109<br>POMPANO BEACH, FL 33069            | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                      |                                                                                                                                                                                                                       |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | T<br>LACROCE, GREGORY<br>2106 S CYPRESS BEND DRIVE, #509<br>POMPANO BEACH, FL 33069   | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                      |                                                                                                                                                                                                                       |                                                                              |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                                                                        |                                                                                                     | 4-4-2007                                                                                                                                                                                                              |                                                                              |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br><b>David Webb - President</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       |                                                                                                                        |                                                                                                     | Date Daytime Phone #                                                                                                                                                                                                  |                                                                              |