2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State
01-30-2008 90023 019 ****61.25

DOCUMENT # 766015

1. Entity Name
CYPRESS BEND CONDOMINIUM IV ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7300 W. MCNAB 220 TAMARAC, FL 33321 US	7300 W. MCNAB 220 TAMARAC, FL 33321 US

01242008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
c/o J+L PROPERTY MGMT	c/o J+L PROPERTY MGMT
Suite, Apt. #, etc. 10191 W SAMPLE RD #203	Suite, Apt. #, etc. 10191 W SAMPLE RD #203
City & State CORAL SPRINGS FL	City & State CORAL SPRINGS FL
Zip 33065 Country USA	Zip 33065 Country USA

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	7. Name and Address of New Registered Agent
D&B PROP. MGMT. SVCS 7300 W. MCNAB #229 TAMARAC, FL 33321	Name JAMES CALDERAZZO Street Address (P.O. Box Number is Not Acceptable) c/o J+L PROPERTY MGMT 10191 W SAMPLE RD #203 City CORAL SPRINGS FL Zip Code 33065

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 _____ 1/24/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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	D HICKOX, SANDRA 2216 N. CYPRESS BEND #203 POMPANO BEACH, FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRANCIS LYONS 2104 S CYPRESS BEND DR #505 POMPANO BEACH FL 33069	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FLORESTAL, TCHARLY 2108 S CYPRESS BEND DRIVE, #301 POMPANO BEACH, FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WEBB, DAVID 2106 S CYPRESS BEND DRIVE, #508 POMPANO BEACH, FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(V) VP INDEN, ESTELLE 2108 S CYPRESS BEND DRIVE, #307 POMPANO BEACH, FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOPPER, TARA 2104 CYPRESS BEND DR. #109 POMPANO BEACH, FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LACROCE, GREGORY 2106 S CYPRESS BEND DRIVE, #509 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 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: David Webb - Pres David Webb 1-25-2008 954.975-0439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #