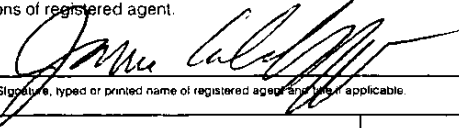
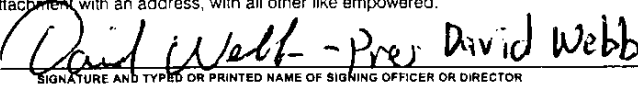


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 7300 W. MCNAB 220 TAMARAC, FL 33321 US			Mailing Address 7300 W. MCNAB 220 TAMARAC, FL 33321 US		
2. Principal Place of Business - No P.O. Box # 90 J+L PROPERTY MGMT		3. Mailing Address 90 J+L PROPERTY MGMT			
Suite, Apt. #, etc. 10191 W SAMPLE RD #203		Suite, Apt. #, etc. 10191 W SAMPLE RD #203		01242008 Chg-NP CR2E037 (12/06)	
City & State COCAL SPRINGS FL		City & State COCAL SPRINGS FL		4. FEI Number 59-2349683	
Zip 33065		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent D&B PROP. MGMT. SVCS 7300 W. MCNAB #229 TAMARAC, FL 33321				7. Name and Address of New Registered Agent Name JAMES CALDERAZZO Street Address (P.O. Box Number is Not Acceptable) 90 J+L PROPERTY MGMT 10191 W SAMPLE RD #203 City COCAL 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  Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE 1/24/08	
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	FRANCIS LYONS 2104 S CYPRESS BEND DR #505 POMPANO BEACH FL 33069
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	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:  - Pres David Webb 1-25-2008 954.975-0439 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					