

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90039 034 \*\*\*\*61.25



**DOCUMENT # N10136**  
1. Entity Name  
**CYPRESS BEND CONDOMINIUM V ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
3500 GATEWAY DRIVE      3500 GATEWAY DRIVE  
#202      #202  
POMPANO BEACH FL 30369      POMPANO BEACH FL 33069  
US      US



1st MOORE      CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-2552569**      Not Applicable  
5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**LEVIN, CHERYL J**  
**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 re-registering) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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 NAME STREET ADDRESS CITY ST / ZIP	P KING, JAMES 2222 CYPRESS BEND DR N, #410 POMPANO BEACH FL 33069 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST / ZIP	SD WILKINSON, CATHY 2222 CYPRESS BEND DR N, #308 POMPANO BEACH FL 33069 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST / ZIP	T DELLICANI, VINECNT 2222 CYPRESS BEND DR #303 POMPANO BEACH FL 33069 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST / ZIP	VP DOYON, DENIS 2226 CYPRESS BEND DR N # 501 POMPANO BEACH FL 33069 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST / ZIP	D HINES, JULES 2222 CYPRESS BEND DR N, #201 POMPANO BEACH FL 33069 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST / ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST / ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST / ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST / ZIP	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST / ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST / ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST / ZIP	<b>Barbara Crozier</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>2220 Cypress Bend Dr #201</b> <b>Pompano Beach, FLA 33069</b> <b>TREASURER</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** James E King      **JAMES E KING**      1/18/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #