


# 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

<b>DOCUMENT # N10136</b> 1. Entity Name <b>CYPRESS BEND CONDOMINIUM V ASSOCIATION, INC.</b>					
Principal Place of Business <b>3500 GATEWAY DRIVE #202 POMPANO BEACH FL 33069 US</b>			Mailing Address <b>3500 GATEWAY DRIVE #202 POMPANO BEACH FL 33069 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2552569</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LEVIN, CHERYL J COURTYARD BUSINESS CENTER 4694 NW 103RD AVENUE SUNRISE FL 33351-7970</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>P</b> <b>KING, JAMES</b> <b>2222 CYPRESS BEND DR N, #410</b> <b>POMPANO BEACH FL 33069</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>SD</b> <b>WILKINSON, CATHY</b> <b>2222 CYPRESS BEND DR N, #308</b> <b>POMPANO BEACH FL 33069</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>T</b> <b>DELLICANI, VINECNT</b> <b>2222 CYPRESS BEND DR #303</b> <b>POMPANO BEACH FL 33069</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>VP</b> <b>DOYON, DENIS</b> <b>2226 CYPRESS BEND DR N # 501</b> <b>POMPANO BEACH FL 33069</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>D</b> <b>HINES, JULES</b> <b>2222 CYPRESS BEND DR N, #201</b> <b>POMPANO BEACH FL 33069</b>		<input checked="" type="checkbox"/> Delete		
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