

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10136

FILED
Jan 19, 2009
Secretary of State

Entity Name: CYPRESS BEND CONDOMINIUM V ASSOCIATION, INC.

Current Principal Place of Business:

3500 GATEWAY DRIVE
#202
POMPANO BEACH, FL 30369 US

New Principal Place of Business:

Current Mailing Address:

3500 GATEWAY DRIVE
#202
POMPANO BEACH, FL 33069 US

New Mailing Address:

FEI Number: 59-2552569 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MWI BROWARD INC.
3500 GATEWAY DRIVE
#202
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: WILKINSON, CATHY
Address: 2222 CYPRESS BEND DR N, #308
City-St-Zip: POMPANO BEACH, FL 33069

Title: D () Delete
Name: DELLICANI, VINECNT
Address: 2222 CYPRESS BEND DR #303
City-St-Zip: POMPANO BEACH, FL 33069

Title: P () Delete
Name: DOYON, DENIS
Address: 2226 CYPRESS BEND DR N # 501
City-St-Zip: POMPANO BEACH, FL 33069

Title: T () Delete
Name: CROZIER, BARBARA
Address: 2220 CYPRESS BEND DR #201
City-St-Zip: POMPANO BEACH, FL 33069

Title: T () Delete
Name: TRAVIESO, JOSH
Address: 2500 GATEWAY DR.
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: CROZIER, BARBARA
Address: 2222 CYPRESS BEND DR N, #308
City-St-Zip: POMPANO BEACH, FL 33069

Title: D (X) Change () Addition
Name: DELLICANI, VINCENT
Address: 2222 CYPRESS BEND DR #303
City-St-Zip: POMPANO BEACH, FL 33069

Title: D (X) Change () Addition
Name: DOYON, DENIS
Address: 2226 CYPRESS BEND DR N # 501
City-St-Zip: POMPANO BEACH, FL 33069

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: TRAVIESO, JOSH
Address: 2500 GATEWAY DR.
City-St-Zip: POMPANO BEACH, FL 33069

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSH TRAVIESO

P

01/19/2009

Electronic Signature of Signing Officer or Director

_____ Date