

# N17754

*Cypress Bend Condo VI Assoc., Inc.*

2217 Cypress Island Dr. # 205  
Pompano Beach, Florida 33069

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #) **900002304859--9**  
**-09/26/97--01076--003**  
**\*\*\*\*\*35.00 \*\*\*\*\*35.00**
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**FILED**  
**97 SEP 25 AM 9:44**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**SEP 25 1997**

Examiner's Initials



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

September 16, 1997

CYPRESS BEND CONDO VI ASSOC., INC.  
2217 CYPRESS ISLAND DRIVE  
#205  
POMPANO BEACH, FL 33069

SUBJECT: CYPRESS BEND CONDOMINIUM VI ASSOCIATION, INC.  
Ref. Number: N17752

We have received your document for CYPRESS BEND CONDOMINIUM VI ASSOCIATION, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6905.

Thelma Lewis  
Corporate Specialist Supervisor

Letter Number: 397A00045980

Florida Department of State, Sandra B. Mortham, Secretary of State

\*\*\* FILING FEE: \$35.00 \*\*\*

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: CYPRESS BEND CONDOMINIUM VI ASSOCIATION, INC.
2. The mailing address of the corporation is: 2217 CYPRESS ISLAND DR. #205  
POMPANO BEACH, FL 33069
3. Date of incorporation/qualification: 11/13/86 Document number: N17752
4. The name and address of the current registered agent and office:

KAY & ROBERS, P.A.  
800 E CYPRESS CREEK RD. #400  
FT. LAUDERDALE, FL 33334

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

BARBARA PETERS CYPRESS BEND CONDOMINIUM VI ASSOC INC  
2217 CYPRESS ISLAND DR. #205  
POMPANO BEACH, FL 33069

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Barbara Peters, Pres.  
(Signature of an officer, chairman or vice chairman of the board)

9-11-97  
(Date)

BARBARA PETERS, PRES.  
(Printed or typed name and title)

9-11-97  
(Date)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Barbara Peters, Pres.  
(Signature of Registered Agent)

9-11-97  
(Date)

If signing on behalf of an entity:

BARBARA PETERS, PRES  
(Typed or Printed Name)

PRESIDENT  
(Capacity)