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Feb 01, 1999 8:00am
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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17752

1. Corporation Name

CYPRESS BEND CONDOMINIUM VI ASSOCIATION, INC.

Principal Place of Business

2217 CYPRESS ISLAND DR.
SUITE 205
POMPANO BEACH FL 33069
US

Mailing Address

2217 CYPRESS ISLAND DR.
SUITE 205
POMPANO BEACH FL 33069
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

11/13/1986

4. FEI Number

59-2743450

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

PETERS, BARBARA
2217 CYPRESS ISLAND DRIVE
SUITE 205
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME RANDAZZO, ROSE
STREET ADDRESS 2217 CYPRESS ISLAND DR., #205
CITY-ST-ZIP POMPANO BEACH FL

TITLE VD
NAME KLEINGARTNER, ELMER
STREET ADDRESS 2217 CYPRESS ISLAND DR., #205
CITY-ST-ZIP POMPANO BEACH FL

TITLE SD
NAME D'AGASTA, GUSSIE
STREET ADDRESS 2217 CYPRESS ISLAND DR., #205
CITY-ST-ZIP POMPANO BEACH FL

TITLE TD
NAME ZWEIGENBAUM, NANETTE
STREET ADDRESS 2217 CYPRESS ISLAND DR., #205
CITY-ST-ZIP POMPANO BEACH FL

TITLE P
NAME PETERS, BARBARA
STREET ADDRESS 2217 CYPRESS ISLAND DR., #205
CITY-ST-ZIP POMPANO BEACH FL

TITLE D
NAME REUL, MATTHEW
STREET ADDRESS 2221 CYPRESS ISLAND DRIVE, #701
CITY-ST-ZIP POMPANO BEACH FL 33069

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

CHECK #: 2213
DATE PAID: 11/5/99
ALLOC. #: 6713

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like employed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (1/98)