

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17752

1. Entity Name

CYPRESS BEND CONDOMINIUM VI ASSOCIATION, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90174 032 ****61.25



DO NOT WRITE IN THIS SPACE

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 33069-4441 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2743450		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEES
\$8.75

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANDAZZO, ROSE 2217 CYPRESS ISLAND DR., #205 POMPANO BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KLEINGARTNER, ELMER 2217 CYPRESS ISLAND DR., #205 POMPANO BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD D'AGASTA, GUSSIE 2217 CYPRESS ISLAND DR., #205 POMPANO BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZWEIGENBAUM, NANETTE 2217 CYPRESS ISLAND DR., #205 POMPANO BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETERS, BARBARA 2217 CYPRESS ISLAND DR., #205 POMPANO BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REUL, MATTHEW 2221 CYPRESS ISLAND DRIVE, #701 POMPANO BEACH FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CHECK # 2581
DATE PAID 1/15/2000
LOC. # 4713

LAUREL MURRY
2217 CYPRESS ISLAND DR. #208
POMPANO BEACH FL 33069

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BARBARA PETERS 1/15/2000 954-918-0675