

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90026 030 \*\*\*\*61.25

**DOCUMENT # N17752**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

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

☐

**\$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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **BOARD** D ☐ Delete  
NAME CARDONA, MARIA  
STREET ADDRESS 22717 CYPRESS ISLAND DR 203  
CITY-ST-ZIP POMPAHO BEACH FL 33069

TITLE VP ☒ Delete  
NAME LICESE, LUCIE  
STREET ADDRESS 2217 CYPRESS ISLAND DR 202  
CITY-ST-ZIP POMPAHO BEACH FL 33069

TITLE **SEC** TD ☐ Delete  
NAME LESIAK, CHARMALNE  
STREET ADDRESS 2213 CYPRESS ISLAND DR  
CITY-ST-ZIP POMPAHO BEACH FL 33069

TITLE D ☒ Delete  
NAME LITMAN, ARNOLD  
STREET ADDRESS 2221 CYPRESS BEND CR 303  
CITY-ST-ZIP POMPAHO BEACH FL 33069

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRES.** BARBARA PETERS ☒ Change ☒ Addition  
NAME 2217 CYPRESS ISD. DR. #205  
STREET ADDRESS POMPAHO BEACH, FL 33069  
CITY-ST-ZIP

TITLE **V.P.** CAROL OLSEN ☒ Change ☒ Addition  
NAME 2217 CYPRESS ISD. DR #602  
STREET ADDRESS POMPAHO BEACH, FL 33069  
CITY-ST-ZIP

TITLE **TRES.** FRANK WENDEL ☐ Change ☐ Addition  
NAME 2217 CYPRESS ISD DR. #601  
STREET ADDRESS POMPAHO BEACH, FL. 33069  
CITY-ST-ZIP

TITLE **BOARD** LILLIAN WILSON ☐ Change ☐ Addition  
NAME 2217 CYPRESS ISD. #706  
STREET ADDRESS POMPAHO BEACH, FL 33069  
CITY-ST-ZIP

TITLE **BOARD** ARTHUR WILSON ☐ Change ☐ Addition  
NAME 2217 CYPRESS ISD. DR. #706  
STREET ADDRESS POMPAHO BEACH, FL. 33069  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 #

1/31/04 954-978-0675