2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2006 8:00 am
Secretary of State
03-02-2006 90013 015 ****61.25

DOCUMENT # N17752

1. Entity Name

CYPRESS BEND CONDOMINIUM VI ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2217 CYPRESS ISLAND DR. SUITE 205 POMPANO BEACH FL 33069 US	2217 CYPRESS ISLAND DR. SUITE 205 POMPANO BEACH FL 33069 US

1st MOORE CR2E037 (10/05)

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, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B CARDONA, MARIA 22717 CYPRESS ISLAND DR 203 POMPANO BEACH FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BRUCE TRACHT 2221 CYPRESS ISLAND DR #708 POMPANO BEACH, FL. 33069	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP OLSEN, CAROL 22717 CYPRESS ISLAND DR 602 POMPANO BEACH FL 33069	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ANNA DICEMBRE 2217 CYPRESS ISL. DR. #505 POMPANO BEACH, FL 33069	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WENDEL, FRANK 22717 CYPRESS ISLAND DR 601 POMPANO BEACH FL 33069	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B WILSON, LILLIAN 22717 CYPRESS ISLAND DR 706 POMPANO BEACH FL 33069	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHECK #: 11678 DATE PAID: 2/15/06 ALLOC. #: 6713	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PETERS, BARBARA 2217 CYPRESS ISD DR #205 POMPANO BEACH FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED ZITON 2217 CYPRESS ISL. DR. #901 POMPANO BEACH FL 33069	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LESIAK, CHARMAINE 22717 CYPRESS ISLAND DR 203 POMPANO BEACH FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DAVID KLAUSNER 2217 CYPRESS ISL. DR. #408 POMPANO BEACH, FL. 33069	☑ Change ☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

Barbara Peters Pres