


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90190 031 ****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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01032007 Chg-NP CR2E037 (12/06)

City & State	City & State
Zip	Country

4. FEI Number 59-2743450	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	B <input type="checkbox"/> Delete
NAME	TRACHT, BRUCE
STREET ADDRESS	2221 CYPRESS ISLAND DR. # 708
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	X B <input type="checkbox"/> Delete
NAME	DICEMBRE, ANNA
STREET ADDRESS	2217 CYPRESS ISL DR, #505
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	X TRES <input type="checkbox"/> Delete
NAME	ZITON, ED
STREET ADDRESS	2217 CYPRESS ISL DR, # 901
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	X VP <input type="checkbox"/> Delete
NAME	KLAUSNER, DAVID
STREET ADDRESS	2217 CYPRESS ISL DR, # 408
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	TD <input checked="" type="checkbox"/> Delete
NAME	KLAUSNER, DAVID
STREET ADDRESS	2217 CYPRESS ISL DR, # 408
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	SBO <input type="checkbox"/> Delete
NAME	CHARMAINE LESIAK
STREET ADDRESS	2218 CYPRESS ISL. DR. #101
CITY-ST-ZIP	POMPANO BEACH, FL 33069

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBARA PETERS
STREET ADDRESS	2217 CYPRESS ISLAND DR. #205
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	B <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA CARDONA
STREET ADDRESS	2217 CYPRESS ISL. DR. 203
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CHECK #: 1438
DATE PAID: 1/10/07
ALLOC. #: 6713

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

SIGNATURE: Barbara Peters, Pres. 1/10/06 954-978-0675