2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N17752

1. Entity Name
CYPRESS BEND CONDOMINIUM VI ASSOCIATION, INC.

FILED
Jan 17, 2008 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE

01052008 No Chg-NP CR2E037 (4/06)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000787842
01/18/08-80016-013 61.25

10. OFFICERS AND DIRECTORS

TITLE	B
NAME	TRACHT, BRUCE
STREET ADDRESS	2221 CYPRESS ISLAND DR,# 708
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	B
NAME	DICEMBRE, ANNA
STREET ADDRESS	2217 CYPRESS ISL DR, #505
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	T
NAME	ZITON, ED
STREET ADDRESS	2217 CYPRESS ISL DR, # 901
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	S
NAME	LESIAK, CHARMAINE
STREET ADDRESS	2213 CYPRESS ISLAND DR #101
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	VP
NAME	KLAUSNER, DAVID
STREET ADDRESS	2217 CYPRESS ISL DR, # 408
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	P
NAME	PETERS, BARBARA
STREET ADDRESS	2217 CYPRESS ISLAND DR #205
CITY-ST-ZIP	POMPANO BEACH, FL 33069

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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. 1/15/08 954-978-0675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #