

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90438 033 ****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

☐ CHECK HERE IF MAKING CHANGES

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

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	D	<input checked="" type="checkbox"/> Delete
NAME	RANDAZZO, ROSE	
STREET ADDRESS	2217 CYPRESS ISLAND DR., #205	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KLEINGARTNER, ELMER	
STREET ADDRESS	2217 CYPRESS ISLAND DR., #205	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	D'AGASTA, GUSSIE	
STREET ADDRESS	2217 CYPRESS ISLAND DR., #205	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ZWEIGENBAUM, NANETTE	
STREET ADDRESS	2217 CYPRESS ISLAND DR., #205	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	PETERS, BARBARA	
STREET ADDRESS	2217 CYPRESS ISLAND DR., #205	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MURRY, LAUREL	
STREET ADDRESS	2217 CYPRESS TER DR. #208	
CITY-ST-ZIP	POMPANO BEACH FL 33069	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA CARDONA	
STREET ADDRESS	2217 CYPRESS ISLAND DR. #203	
CITY-ST-ZIP	POMPANO BEACH, FL. 33069	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCIE ADCESE	
STREET ADDRESS	2217 CYPRESS ISLAND DR. #202	
CITY-ST-ZIP	POMPANO BEACH, FL. 33069	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARMAINE LESIAK	
STREET ADDRESS	2213 CYPRESS ISLAND DR. #101	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	
TITLE	T.D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TONY RODRIGUEZ	
STREET ADDRESS	2213 CYPRESS ISLAND DR. #502	
CITY-ST-ZIP	POMPANO BEACH, FL. 33069	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOLD LITMAN	
STREET ADDRESS	2221 CYPRESS BEND DR. #303	
CITY-ST-ZIP	POMPANO BEACH, FL. 33069	

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 of Barbara Peters

2/28/03 904-978-01075

CR2E037 (10/02)