

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 OCT 10 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10032007 Chg-NP CR2E037 (12/06)

DOCUMENT # N27849					
1. Entity Name CYPRESS BEND CONDOMINIUM VII ASSOCIATION, INC.					
Principal Place of Business 2234 CYPRESS BEND DR POMPANO BEACH, FL 33069			Mailing Address 2234 CYPRESS BEND DR POMPANO BEACH, FL 33069		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0081239	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CAMPBELL PROPERTY MANAGMENT 1215 EAST HILLSBORO BLVD DEERFIELD BEACH, FL 33441			Name: <u>Landmark Management Services</u> Street Address (P.O. Box Number is Not Acceptable): <u>1941 NW 150th Ave</u> <u>Rembroke Pines</u> City: <u>FL</u> Zip Code: <u>33028</u>		
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: <u>Walter W. Chapman</u> <u>Walter W. Chapman Property Manager</u> (NOTE: Registered Agent signature required when re-registering) DATE: <u>10/10/07</u>					
Amended AR 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☒ Delete	TITLE	P	☒ Change ☐ Addition
NAME	LECLERE, JEAN		NAME	Wells, Gerald	
STREET ADDRESS	2238 N. CYPRESS BEND DR. #602		STREET ADDRESS	2240 N CYPRESS Bend Dr 208	
CITY-ST-ZIP	POMPANO BEACH, FL 33069		CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	VP	☒ Delete	TITLE	VP	☒ Change ☐ Addition
NAME	WELLS, GERALD		NAME	Perry Martin	
STREET ADDRESS	2240 N. CYPRESS BEND DR. 208		STREET ADDRESS	2234 S CYPRESS BEND DR 702	
CITY-ST-ZIP	POMPANO BEACH, FL 33069		CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	T	☐ Delete	TITLE	T	☒ Change ☐ Addition
NAME	GUSMAN, YVON		NAME	GUERIN, YVON	
STREET ADDRESS	2230 N. CYPRESS BEND DR. #404		STREET ADDRESS	2230 N. CYPRESS BEND DR 404	
CITY-ST-ZIP	POMPANO BEACH, FL 33069		CITY-ST-ZIP	Pompno Beach, FL 33069	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MASTERS, MARSHA		NAME		
STREET ADDRESS	2334 S CYPRESS BEND DR #602		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33069		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	POITRAS, FRED		NAME		
STREET ADDRESS	2240 N. CYPRESS BEND DR. #101		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33069		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	TRUDEL, SUZANNE		NAME		
STREET ADDRESS	2334 S. CYPRESS BEND DR. #409		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33069		CITY-ST-ZIP		
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: <u>X/ David H. H.</u> (954) <u>X/10/03/07 Y 917-8608</u>					
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					