

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17752

Entity Name: CYPRESS BEND CONDOMINIUM VI ASSOCIATION, INC.**Current Principal Place of Business:**2217 CYPRESS ISLAND DR.
SUITE 102
POMPANO BEACH, FL 33069**Current Mailing Address:**2217 CYPRESS ISLAND DR.
SUITE 102
POMPANO BEACH, FL 33069 US**FEI Number:** 59-2743450**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCDONALD, DOUG
2217 CYPRESS ISLAND DRIVE
SUITE 102
POMPANO BEACH, FL 33069 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	BOARD MEMBER
Name	SCHRADEL, ANITA
Address	2213 CYPRESS ISLAND DRIVE APT 103
City-State-Zip:	POMPANO BEACH FL 33069

Title	TREASURER
Name	FOURNIER, RICHARD
Address	2221 CYPRESS ISLAND DRIVE APT 605
City-State-Zip:	POMPANO BEACH FL 33069

Title	PRESIDENT
Name	STERNER, JOANNE
Address	2215 CYPRESS ISLAND DRIVE 602
City-State-Zip:	POMPANO BEACH FL 33069

Title	BOARD MEMBER
Name	MCKINNEY, BOB
Address	2213 CYPRESS ISLAND DRIVE UNIT 107
City-State-Zip:	POMPANO BEACH FL 33069

Title	VP
Name	WEST, DAN MR.
Address	2217 CYPRESS ISLAND DRIVE UNIT 902
City-State-Zip:	POMPANO BEACH FL 33069

Title	SECRETARY
Name	IVEY, VERONICA
Address	2221 CYPRESS ISLAND DRIVE APT 408
City-State-Zip:	POMPANO BEACH FL 33069

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOANNE STERNER**PRESIDENT****03/19/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date