

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N25992

**Entity Name:** BENT CYPRESS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

FIRSTSERVICE RESIDENTIAL  
12794 W. FOREST HILL BLVD., STE. 31  
WELLINGTON, FL 33414

**Current Mailing Address:**

FIRSTSERVICE RESIDENTIAL  
12794 W. FOREST HILL BLVD. STE. 31  
WELLINGTON, FL 33414 US

**FEI Number:** 65-0096876

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHELLE KONYK, ESQ  
PHILLIPS POINT  
777 FLAGLER DR STE. 800, WEST TOWER  
WEST PALM BEACH, FL 33401 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:** CHELLE KONYK

03/15/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name REID, JAMES T  
Address 2840 BENT CYPRESS RD.  
City-State-Zip: WELLINGTON FL 33414

Title PRESIDENT  
Name SCHMIDT, JOHN E  
Address 2881 BENT CYPRESS ROAD  
City-State-Zip: WELLINGTON FL 33414

Title TREASURER  
Name DE HEGEDUS, COLOMAN  
Address 2811 BENT CYPRESS RD  
City-State-Zip: WELLINGTON FL 33414

Title VP  
Name MENCHER, JUDY  
Address 2900 BENT CYPRESS RD  
City-State-Zip: WELLINGTON FL 33414

Title SECRETARY  
Name GURBERG, DAVID  
Address 2800 BENT CYPRESS DR  
City-State-Zip: WELLINGTON FL 33414

*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:** JOHN SCHMIDT

PRESIDENT

03/15/2017

Electronic Signature of Signing Officer/Director Detail

Date