

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 744202 (3)

1. Corporation Name

THE CYPRESSES OF BOCA LAGO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

9039 VISTA DEL LAGO  
BOCA RATON FL 33428  
US

Mailing Address

9039 VISTA DEL LAGO  
BOCA RATON FL 33428  
US

3. Date Incorporated or Qualified  
09/07/1978

3a. Date of Last Report  
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1881017

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTIN WETZLER  
C/O BOCA LAGO MANAGEMENT  
9039 VISTA DEL LAGO  
BOCA RATON FL 33428

81

Name

OSIAS, EVELYN

82

Street Address (P.O. Box Number is Not Acceptable)

C/O BOCA LAGO MANAGEMENT

83

9039 VISTA DEL LAGO

84

City

BOCA RATON

FL

85

Zip Code

33428

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-96

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WETZLER, MARTIN	
STREET ADDRESS	21547 CYPRESS HAMMOCK DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FRANKLIN, NAOMI	
STREET ADDRESS	9187 NORTE LAGO #5H	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PINELLI, JAMES	
STREET ADDRESS	9188 NORTE LAGO #4E	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, THEODORE	
STREET ADDRESS	21559 CYPRESS HAMMOCK DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	LESSER, STANLEY	
STREET ADDRESS	21500 CYPRESS HAMMOCK DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	NATHANSON, WILLIAM	
STREET ADDRESS	21556 CYPRESS HAMMOCK DR	
CITY-ST-ZIP	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	OSIAS, EVELYN	
1.3 STREET ADDRESS	9283 PECKY CYPRESS LANE #15A	
1.4 CITY-ST-ZIP	BOCA RATON, FL	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SOSNICK, JEROME	
5.3 STREET ADDRESS	9313 PECKY CYPRESS LANE #18H	
5.4 CITY-ST-ZIP	BOCA RATON, FL	
6.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	LIBERT, HERBERT	
6.3 STREET ADDRESS	21404 CYPRESS HAMMOCK DR #456	
6.4 CITY-ST-ZIP	BOCA RATON, FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EVELYN OSIAS

Date

Daytime Phone #

4/24/96

483-4000

CR2E037 (12/95)