

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 91187 027 ****61.25

0034409

DOCUMENT # 744202

1. Entity Name

**THE CYPRESSES OF BOCA LAGO CONDOMINIUM ASSOCIATI
 ON, INC.**

Principal Place of Business

Mailing Address

**9039 VISTA DEL LAGO
 BOCA RATON, FL 33428
 US**

**9039 VISTA DEL LAGO
 BOCA RATON FL 33428
 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

59-1881017

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

**KRINSKY, SEYMOUR
 C/O BOCA LAGO MANAGEMENT
 9039 VISTA DEL LAGO
 BOCA RATON FL 33428**

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.

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **KRINSKY, SEYMOUR**
 CITY-ST-ZIP **9259 PECKY CYPRESS LANE # 13A**
BOCA RATON FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VPD**
 STREET ADDRESS **GASH, MARTIN**
 CITY-ST-ZIP **21365 CYPRESS HAMMOCK DRIVE**
BOCA RATON FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **KAUEMAN, LEONARD**
 CITY-ST-ZIP **21425 CYPRESS HAMMOCK DRIVE # 25 A**
BOCA RATON FL

TITLE ☒ Change ☐ Addition
 NAME **T.D.**
 STREET ADDRESS **KAUFMAN, LEONARD**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **PLAKS, MARTIN**
 CITY-ST-ZIP **9232 PECKY CYPRESS LANE # 2A**
BOCA RATON FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **APFEL, EVERETT**
 CITY-ST-ZIP **2389 CYPRESS HAMMOCK DRIVE**
BOCA RATON FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **COHEN, PAUL**
 CITY-ST-ZIP **9319 PECKY CYPRESS LANE # 19G**
BOCA RATON FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Seymour Krinsky Pres.* **SEYMOUR KRINSKY** 3/20/02 483-4000 561-

CR2E037 (9/01)