


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # 744202 1. Entity Name THE CYPRESSES OF BOCA LAGO CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 9039 VISTA DEL LAGO BOCA RATON, FL 33428 US	Mailing Address 9039 VISTA DEL LAGO BOCA RATON, FL 33428 US
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02082005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1881017	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GASH, MARTIN C/O BOCA LAGO MANAGEMENT 9039 VISTA DEL LAGO BOCA RATON, FL 33428
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRINSKY, SEYMOUR 9259 PECKY CYPRESS LANE # 13A BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GASH, MARTIN 21365 CYPRESS HAMMOCK DRIVE BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KAUFMAN, LEONARD 21425 CYPRESS HAMMOCK DRIVE # 25 A BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PLAKS, MARTIN 9232 PECKY CYPRESS LANE # 2A BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENBERG, MICHAEL 21547 CYPRESS HAMMOCK DR 42F BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WATERMAN, MICHAEL 21529 CYPRESS HAMMOCK DR. BOCA RATON, FL 33428

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IN THIS SPACE**

1000010233009
02/17/05-80025-009 \$1.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: MARTIN GASH, PRES. 2/15/05 483-4000 (561)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #