

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90205 015 ****61.25

DOCUMENT # 744202	
1. Entity 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
---------------------------------------------------------------------------------------	---------------------------------------------------------------------------

40070912



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04052007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1881017	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--------------------------------------------------------

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent KAUEMAN, LEONARD C/O BOCA LAGO MANAGEMENT 9039 VISTA DEL LAGO BOCA RATON, FL 33428		7. Name and Address of New Registered Agent Name OSIAS, EVELYN Street Address (P.O. Box Number is Not Acceptable) 40 BOCA LAGO MANAGEMENT 9039 VISTA DEL LAGO BOCA RATON FL 33428	
----------------------------------------------------------------------------------------------------------------------------------------------------------	--	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

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 *Evelyn Osias* **EVELYN OSIAS, Pres.** **4/10/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
-----------------------------------------------------	------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SIEGEL, MARVIN 9193 PECKY CYPRESS LN #6E BOCA RATON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OSIAS, EVELYN 9283 PECKY CYPRESS LN #15A BOCA RATON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KAUFMAN, LEONARD 21425 CYPRESS HAMMOCK DRIVE # 25 A BOCA RATON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PLAKS, MARTIN 9232 PECKY CYPRESS LANE # 2A BOCA RATON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSENBERG, MICHAEL 21547 CYPRESS HAMMOCK DR 42F BOCA RATON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WATERMAN, MICHAEL 21529 CYPRESS HAMMOCK DR. BOCA RATON, FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Evelyn Osias* **EVELYN OSIAS, Pres.** **4/10/07 (561) 483-4000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
40070912

THE CYPRESSES OF BOCA LAGO
CONDOMINIUM ASSOCIATION, INC.

DOCUMENT #744202

FEI #59-1881017

Additional Board Member:

Title:	D
Name:	Franklin, Naomi
Street Address:	9187 Norte Lago #5H
City-St-Zip:	Boca Raton, FL 33428

Signature: *Evelyn Osias* Date: 4/10/07 Phone: (561) 483-4002
EVELYN OSIAS, PRES.