SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 28, 1999 8:00 am
Secretary of State
07-28-1999 90009 034 ****61.25

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DOCUMENT # 769867

1. Corporation Name
CYPRESS LAKES HOMEOWNERS ASSOCIATION 7-A, INC.

597346 - 90009 - 34

Principal Place of Business	Mailing Address
3511 ~~3566~~ AMALFI DRIVE WEST PALM BEACH FL 33417 US	3511 ~~3566~~ AMALFI DRIVE WEST PALM BEACH FL 33417 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 3511 AMALFI DRIVE	26 3511 AMALFI DRIVE	08/16/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2774471 ☐ Applied For ☐ Not Applicable
City & State 23 WEST PALM BCH	City & State 28 WEST PALM BCH	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 33417 Country 25 US	Zip 29 33417 Country 30 U.S.	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

LOMBARDO, MARIE C
3566 AMALFI DRIVE
WEST PALM BEACH FL 33417

10. Name and Address of New Registered Agent

81 Name POLSKY, BERNICE H
82 Street Address (P.O. Box Number is Not Acceptable) 3511 AMALFI DRIVE
83
84 City WEST PALM BCH FL 85 Zip Code 33417

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 Bernice H Polsky Pres. 7-18-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KULIK, WALTER N.		1.2 NAME		
STREET ADDRESS	3449 AMALFI DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE	PRES.	☒ Change ☐ Addition
NAME	ARFIN, ALBERT		2.2 NAME	ALBERT D. ARFIN	
STREET ADDRESS	3570 AMALPI DR		2.3 STREET ADDRESS	3570 AMALFI DR.	
CITY-ST-ZIP	W PALM BCH FL		2.4 CITY-ST-ZIP	W. PALM BCH, FL 33417	
TITLE	T	☒ DELETE	3.1 TITLE	TREAS	☒ Change ☐ Addition
NAME	LOMBARDO, MARIE C		3.2 NAME	BERNICE H. POLSKY	
STREET ADDRESS	3566 AMALFI FT		3.3 STREET ADDRESS	3511 AMALFI DR	
CITY-ST-ZIP	WEST PALM BEACH FL		3.4 CITY-ST-ZIP	W. PALM BCH, FL. 33417	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SPIEGEL, FRED		4. 2 NAME		
STREET ADDRESS	3569 AMALFI DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GROSSBERG, EVELYN		5.2 NAME		
STREET ADDRESS	3508 AMALFI DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 7-18-99 (561) 686-1969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)