FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 20 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **744202** **(3)**

1. Corporation Name

THE CYPRESSES OF BOCA LAGO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
903. VOSTA DEL LAGO BOCA RATON FL 33428	903. VOSTA DEL LAGO BOCA RATON FL 33428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/07/1978**
3a. Date of Last Report: **04/12/1994**
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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 9039 VISTA DEL LAGO	26 9039 VISTA DEL LAGO
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ 4-19-95
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	P	11 TITLE		☐ Change ☐ Addition
NAME	WETZLER, MARTIN	12 NAME		
STREET ADDRESS	21547 CYPRESS HAMMOCK DRIVE	13 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP		
TITLE	S	21 TITLE	S	☒ Change ☐ Addition
NAME	CLIFFORD STEINER	22 NAME	FRANKLIN, NAOMI	
STREET ADDRESS	21553 CYPRESS HAMMOCK DR	23 STREET ADDRESS	9187 NORTE LAGO #5H	
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	BOCA RATON, FL	
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	SEYMOUR, KRINSKY	32 NAME	PINELLI, JAMES	
STREET ADDRESS	9259 PECKY CYPRESS LN #13A	33 STREET ADDRESS	9188 NORTE LAGO #4E	
CITY-ST-ZIP	BOCA RATON FL	34 CITY-ST-ZIP	BOCA RATON, FL	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	DAVIS, THEODORE	42 NAME		
STREET ADDRESS	21559 CYPRESS HAMMOCK DR	43 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	44 CITY-ST-ZIP		
TITLE	T	51 TITLE		☐ Change ☐ Addition
NAME	LESSER, STANLEY	52 NAME		
STREET ADDRESS	21500 CYPRESS HAMMOCK DR	53 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	54 CITY-ST-ZIP		
TITLE	V	61 TITLE		☐ Change ☐ Addition
NAME	NATHANSON, WILLIAM	62 NAME		
STREET ADDRESS	21556 CYPRESS HAMMOCK DR	63 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	64 CITY-ST-ZIP		

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)(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 added on attachments with an addition.

SIGNATURE: _____ 4-17-95 (407) 483-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MARTIN WETZLER

D95A168