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Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 744202 (3)

1. Corporation 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

3. Date Incorporated or Qualified: 09/07/1978

4. FEI Number: 59-1881017 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

OSIAS, EVELYN
C/O BOCA LAGO MANAGEMENT
9039 VISTA DEL LAGO
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	OSIAS, EVELYN		1.2 NAME		
STREET ADDRESS	9283 PECKY CYPRESS LANE #15A		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FRANKLIN, NAOMI		2.2 NAME		
STREET ADDRESS	9187 NORTE LAGO #5H		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP		
TITLE	DV	☒ DELETE	3.1 TITLE	DV	☐ Change ☒ Addition
NAME	POLLACK, ABRAHAM		3.2 NAME	HERTZ, ARTHUR	
STREET ADDRESS	9187 NORTE LAGO, #5A		3.3 STREET ADDRESS	21529 CYPRESS HAMMOCK DR. #35E	
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP	BOCA RATON, FL	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PLAKS, MARTIN		4.2 NAME		
STREET ADDRESS	9232 PECKY CPYRESS LANE, 2A		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	5.1 TITLE	T	☐ Change ☒ Addition
NAME	SOSNICK, JEROME		5.2 NAME	TUMPSON, SEENA	
STREET ADDRESS	9313 PECKY CYPRESS LANE #18H		5.3 STREET ADDRESS	21541 CYPRESS HAMMOCK DR #37D	
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP	BOCA RATON FL	
TITLE	S	☒ DELETE	6.1 TITLE	S	☐ Change ☒ Addition
NAME	LIBERT, HERBERT		6.2 NAME	ROSENBERG, LINDA	
STREET ADDRESS	21404 CYPRESS HAMMOCK DRIVE #45G		6.3 STREET ADDRESS	21547 CYPRESS HAMMOCK DR #42F	
CITY-ST-ZIP	BOCA RATON FL		6.4 CITY-ST-ZIP	BOCA RATON FL	

CR2E037 (10/97)

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.

SIGNATURE: [illegible] EVELYN OSIAS 3/24/98 (561)483-4000