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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **744202**

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

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

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

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

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: KARLIN, STANLEY
82 Street Address (P.O. Box Number is Not Acceptable): C/O BOCA LAGO MANAGEMENT
83: 9039 VISTA DEL LAGO
84 City: BOCA RATON FL 85 Zip Code: 33428

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: 4/22/99
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	P	☐ Change ☒ Addition
NAME	OSIAS, EVELYN		1.2 NAME	KARLIN, STANLEY	
STREET ADDRESS	9283 PECKY CYPRESS LANE #15A		1.3 STREET ADDRESS	9319 PECKY CYPRESS LANE 19B	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	BOCA RATON FL	
TITLE	V	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	FRANKLIN, NAOMI		2.2 NAME	GASH, MARTIN	
STREET ADDRESS	9187 NORTE LAGO #5H		2.3 STREET ADDRESS	21365 CYPRESS HAMMOCK DR	
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	BOCA RATON FL	
TITLE	DV	☐ DELETE	3.1 TITLE	V/T/D	☒ Change ☐ Addition
NAME	HERTZ, ARTHUR		3.2 NAME		
STREET ADDRESS	21529 CYPRESS HAMMOCK DR. #35E		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	PLAKS, MARTIN		4.2 NAME	AVERBUCH, JACK	
STREET ADDRESS	9232 PECKY CPYRESS LANE, 2A		4.3 STREET ADDRESS	21535 CYPRESS HAMMOCK DR	
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP	BOCA RATON FL	
TITLE	T	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	TUMPSON, SEENA		5.2 NAME	APFEL, EVERETT	
STREET ADDRESS	21541 CYPRESS HAMMOCK DR. #37D		5.3 STREET ADDRESS	21389 CYPRESS HAMMOCK DR	
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP	BOCA RATON FL	
TITLE	S	☒ DELETE	6.1 TITLE	S/D	☐ Change ☒ Addition
NAME	ROSENBERG, LINDA		6.2 NAME	ALBERT, LAWRENCE	
STREET ADDRESS	21547 CYPRESS HAMMOCK DR. #42-F		6.3 STREET ADDRESS	9319 PECKY CYPRESS LANE	
CITY-ST-ZIP	BOCA RATON FL		6.4 CITY-ST-ZIP	BOCA RATON FL	

CR2E037 (11/98)

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 STANLEY, KARLIN 4/22/99 561/483-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #