## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

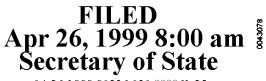
**DOCUMENT # 744202** 1. Corporation Name

THE CYPRESSES OF BOCA LAGO CONDOMINIUM ASSOCIATI ON, INC.

Principal Place of Business 9039 VISTA DEL LAGO **BOCA RATON FL 33428** 

Mailing Address

9039 VISTA DEL LAGO **BOCA RATON FL 33428** 



04-26-1999 90236 030 \*\*\*\*61.25

-		Figil Blass (96)

<b>-</b> '	lace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed 09/07/1978						
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	App	lied For				
<del></del>				59-1881017	Not Applicable					
City & State		City & State				\$8.75 A	ditional			
23		28		5. Certifcate of Stat	us Desired	Fee Rec	l l			
Zip	Country	Country Zip		1	6. Election Campaign Financing		\$5.00 May Be			
24	25	29	30		Trust Fund Contr	ribution	Added to	Fees		
	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
	81 Name 20111 STON/151									
OCIAC EVELVAL				82 Street Acdress (P.O. Box Number is Not Acceptable)						
	OSIAS, EVELYN C/O BOCA LAGO MANAGEMENT			COBOCALAGO MANAGEMENT						
			83	200	0.10.	> = / 1				
	TA DEL LAGO		<u></u>	700	39 VISTA DEL CAGO					
BUCA RA	TON FL 33428	1300	010 ROTON FL 85 Zip Code 25:428							
11. Pursuant to the provisions-of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits statement for the purpose of changing its registered										
office or registered agent, i proch, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the approximent as registered agent, I am familiar with and accept the spligations of Sections 617.0503, Florida Statutes.										
agent. ⊦a	m familiar with and accept the obligation	ins of Section 617.0503, Flo	rida Statute	5.		4/2	2/00	}		
SIGNATURE	Mr M	ANOT :	· Decistored Ace	ent pionatura englis	ed when reinstating)	DATE	2199			
12.	Signature, types or printed name of registered agent		13.	in agracera radene		NGES TO OFFICERS A	ND DIRECTOR	S IN 12		
TITLE /	D OFFICERS AND	DELETE	1.1 TITLE		<u> </u>		Change	Addition		
F	OCIAC ENELVAL	Д	1.2 NAME		KARLUV. S	STANLEY				
NAME			1	-7		Y CYPRES.	5 /-A1	1 E 19B		
STREET ADDRESS 9283 PECKY CYPRESS LANE #15A		DA		TADDRESS	BOCA RATON FL					
CiTY-ST-ZIP	BOCA RATON FL	MODILETE.	1.4 CITY		D RITIE	<u> </u>	Change	Addition		
TITLE	V	DELETE	2.1 TITLE	1-7	SASH, M	APTIAL	Change	ALTAGRICON		
NAME	FRANKLIN, NAOMI		2.2 NAME				amaak	70		
STREET ADDRESS	9187 NORTE LAGO #5H				21365 CYPRESS HAMMOCK. DR					
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-	ST-ZIP	BOCA RAT	ON FL	Change	FT Addition		
TITLE	i DV	☐ DELETE	3.1 TITLE	١ ١	1/T/D		Change	Addition		
NAME	HERTZ, ARTHUR		3.2 NAME							
STREET ADDRESS	21529 CYPRESS HAMMOCK DR.	#35E	3.3 STREE	ET ADDRESS						
CITY-ST-ZIP	BOCA RATON FL		3.4. CITY-	ST-ZIP						
TITLE	D	DELETE	4.1 TITLE		<u> </u>		Change	Addition		
NAME	PLAKS, MARTIN	,	4.2 NAME		AVERBUC	H, JACK	4 -4 4 - 1 -	50		
STREET ADDRESS	9232 PECKY CPYRESS LANE, 2	4	4.3 STREE		21535 CY		MMOCK.	.DK		
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-	ST-ZIP	BOCA RATI	on FL				
TITLE	T	DELETE	5.1 TITLE		<u> </u>		Change	Addition		
NAME	TUMPSON, SEENA	<b>/</b>	5.2 NAME			VERETT				
STREET ADDRESS	ALELL OVEREGO LINUNGOV DE	#37D	5.3 STREE	ET ADDRESS	21389 CYP	RESS_HAM	mock	DC		
CITY-ST-ZIP	BOCA RATON FL	R <b>44 W</b>	5.4 CITY-	ST-ZIP	BOCA RA	TON FL		Ì		
TITLE	S	DELETE	6.1 TITLE		5.72		Change	Addition		
NAME	ROSENBERG, LINDA	<i>r</i>	6.2 NAME		ALBERT, A	LAWRENC	€			
		#42_E		T ADDRESS	1319 PEC	KY CYPRES	S LANG	=		
STREET ADDRESS	21547 CYPRESS HAMMOCK DR. #42-F			ST-ZIP						
CITY_ST_7IP	I DULLA HALLIN PI		0.4 011 14		ノマドコー ハガリ	71V V L.				

14. Thereby 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 supplied with an 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 receive-ortrustee 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:

DSTANLEY KARLIN 4/22/97 561/483-4000