2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744202

FILED
May 08, 2000 8:00 am
Secretary of State
05-08-2000 90195 043 ****61.25

1. Entity Name

THE CYPRESSES OF BOCA LAGO CONDOMINIUM ASSOCIATI

Principal Place of Business	Mailing Address
9039 VISTA DEL LAGO BOCA RATON FL 33428 US	9039 VISTA DEL LAGO BOCA RATON FL 33428-3141 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KARLIN, STANLEY C/O BOCA LAGO MANAGEMENT 9039 VISTA DEL LAGO BOCA RATON FL 33428	Name KRINSKY, SEYMOUR Street Address (P.O. Box Number is Not Acceptable) C/O BOCA LAGO MANAGEMENT 9039 VISTA DEL LAGO City BOCA RATON FL Zip Code 33428

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE by Seymour Krinsky Pres. SEYMOUR KRINSKY 4/24/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KARLIN, STANLEY 9319 PECKY CYPRESS LANE, #198 BOCA RATON FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KRINSKY, SEYMOUR 9259 PECKY CYPRESS LN #13A BOCA RATON FL ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GASH, MARTIN 21365 CYPRESS HAMMOCK DRIVE BOCA RATON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD HERTZ, ARTHUR 21529 CYPRESS HAMMOCK DR, #35E BOCA RATON FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KAUFMAN, LEONARD 21425 CYPRESS HAMMOCK DR #25A BOCA RATON FL ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AVERBUCH, JACK 21535 CYPRESS HAMMOCK DRIVE BOCA RATON FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHAPIRO, SEYMOUR 9235 PECKY CYPRESS LN #11A BOCA RATON FL ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D APFEL, EVERETT 2389 CYPRESS HAMMOCK DRIVE BOCA RATON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LAAWRENCE, ALBERT 9319 PECKY CYPRESS LANE BOCA RATON FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GREBOW, SEYMOUR 21535 CYPRESS HAMMOCK DR #36F BOCA RATON FL ☐ Change ☒ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: by Seymour Krinsky Pres. SEYMOUR KRINSKY 4/24/00 (561) 483-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #