

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90050 021 ****61.25

UBR1338

DOCUMENT # 744202

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
US

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

Signature, typed or printed name of registered agent and title 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
PD
KRINSKY, SEYMOUR
9259 PECKY CYPRESS LANE #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
VPD
VPD ☒ 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
SD
PLAKS, MARTIN
9232 PECKY CYPRESS LANE #2A
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
D
COHEN, PAUL
9319 PECKY CYPRESS LANE #196
BOCA RATON FL ☐ Change ☒ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Seymour Krinsky

Date

4/26/01

Daytime Phone #

(561)
483
4000

CR2E037 (10/00)