


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90211 006 ****61.25

DOCUMENT # 744202 1. Entity Name THE CYPRESSES OF BOCA LAGO CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 9039 VISTA DEL LAGO BOCA RATON, FL 33428 US			Mailing Address 9039 VISTA DEL LAGO BOCA RATON, FL 33428 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1881017	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GASH, MARTIN C/O BOCA LAGO MANAGEMENT 9039 VISTA DEL LAGO BOCA RATON, FL 33428				7. Name and Address of New Registered Agent Name KAUFMAN, LEONARD Street Address (P.O. Box Number is Not Acceptable) 90 BOCA LAGO MANAGEMENT 9039 VISTA DEL LAGO BOCA RATON FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Leonard Kaufman Pres</i> LEONARD KAUFMAN, PRES. 4/18/06 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KRINSKY, SEYMOUR 9259 PECKY CYPRESS LANE # 13A BOCA RATON, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SIEGEL, MARVIN 9193 PECKY CYPRESS LANE #6E BOCA RATON, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GASH, MARTIN 21365 CYPRESS HAMMOCK DRIVE BOCA RATON, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OSIAS, EVELYN 9283 PECKY CYPRESS LANE #15A BOCA RATON, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD KAUFMAN, LEONARD 21425 CYPRESS HAMMOCK DRIVE # 25 A BOCA RATON, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PLAKS, MARTIN 9232 PECKY CYPRESS LANE # 2A BOCA RATON, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSENBERG, MICHAEL 21547 CYPRESS HAMMOCK DR 42F BOCA RATON, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WATERMAN, MICHAEL 21529 CYPRESS HAMMOCK DR. BOCA RATON, FL 33428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Leonard Kaufman Pres</i> LEONARD KAUFMAN 4/18/06 561-483-4000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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ATTACHMENT

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THE CYPRESSES OF BOCA LAGO CONDOMINIUM ASSOCIATION, INC.

FEI #59-1881017

ADDITIONAL DIRECTOR:

TITLE: D
NAME: FRANKLIN, NAOMI
ADDRESS: 9187 NORTE LAGO #5H
CITY-ST-ZIP: BOCA RATON, FL

SIGNATURE:

Signature and printed name of signing officer or director

Date

Daytime Phone #

LEONARD RAUFMAN

4/18/06 561-483-4000