

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90082 028 ****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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country			
4. FEI Number 59-1881017				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OSIAS, EVELYN C/O BOCA LAGO MANAGEMENT 9039 VISTA DEL LAGO BOCA RATON, FL 33428			7. Name and Address of New Registered Agent Name ROSENBERG, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 40 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Michael Rosenberg</i> MICHAEL ROSENBERG 4/10/2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
Filing Fee is \$61.25 Due by May 1, 2008		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	TD SIEGEL, MARVIN 9193 PECKY CYPRESS LN #6E BOCA RATON, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GASH, MARTIN 21365 CYPRESS HAMMOCK DR #200 BOCA RATON, FL 33428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OSIAS, EVELYN 9283 PECKY CYPRESS LN #15A BOCA RATON, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRINSKY, SEYMOUR 9259 PECKY CYPRESS LANE #13A BOCA RATON FL 33428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAUFMAN, LEONARD 21425 CYPRESS HAMMOCK DRIVE # 25 A BOCA RATON, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD	<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	PD	<input checked="" 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	PD	<input checked="" 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	PD	<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>Michael Rosenberg</i> MICHAEL ROSENBERG <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 4/10/2008 Daytime Phone # (561) 483-4000					

ATTACHMENT 40075047

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ENTITY NAME: CYPRESSES OF BOCA LAGO CONDOMINIUM ASSOCIATION

DOCUMENT #744202

FEI #59-1881017

ADDITIONAL OFFICERS AND DIRECTORS

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Franklin, Naomi
9187 Norte Lago #5H
Boca Raton, FL 33428

SIGNATURE: Michael Rosenberg 4/10/2008 (561) 483-4000
Signature of Signing Officer or Director Date Daytime Phone #

TYPED OR PRINTED NAME OF SIGNING OFFICER: Michael Rosenberg