

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758415

FILED  
Mar 13, 2009  
Secretary of State

**Entity Name:** CYPRESS COURT OF OAK TERRACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ASSOCIATED PROP. MGMT  
1928 LAKE WORTH RD  
LAKE WORTH, FL 33461

**New Principal Place of Business:**

**Current Mailing Address:**

1928 LAKE WORTH RD  
LAKE WORTH, FL 33461

**New Mailing Address:**

**FEI Number:** 59-2157875

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JAY STEVEN, LEVINE PA  
250 N. MILITARY TRAIL  
STE. 283  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BURGIO, JOSEPH  
Address: 5922 NEWPORT VILLAGE WAY  
City-St-Zip: GREEN ACRES, FL 33463

Title: VP ( ) Delete  
Name: CUCCHI, ANTHONY  
Address: 4215 OAK TERRACE DR  
City-St-Zip: LAKE WORTH, FL 33461

Title: D ( ) Delete  
Name: BOCCHINO, ANTHONY  
Address: 4277 OAK TERRACE DR  
City-St-Zip: LAKE WORTH, FL 33463

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BURGIO, JOSEPH P  
Address: 5922 NEWPORT VILLAGE WAY  
City-St-Zip: GREEN ACRES CITY, FL 33463

Title: V (X) Change ( ) Addition  
Name: RASSIGA, BARBARA V  
Address: 4227 OAK TERRACE DR  
City-St-Zip: GREENACRES CITY, FL 33463

Title: ST (X) Change ( ) Addition  
Name: FRIER, ALAN ST  
Address: 4237 OAK TERRACE DR  
City-St-Zip: GREENACRES CITY, FL 33463

Title: D ( ) Change (X) Addition  
Name: BOCCHINO, ANTHONY D  
Address: 4277 OAK TERRACE DR  
City-St-Zip: GREENACRES CITY, FL 33463

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIMON ABREU, APM

AGT

03/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date