

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90060 015 \*\*\*\*61.25

**DOCUMENT # 769867**

1. Entity Name  
CYPRESS LAKES HOMEOWNERS ASSOCIATION 7-A,  
INC.



Principal Place of Business  
3511 AMALFI DRIVE  
WEST PALM BEACH, FL 33417 US

Mailing Address  
3511 AMALFI DRIVE  
WEST PALM BEACH, FL 33417 US

40001000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052007 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-2774471

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

POLSKY, BERNICE H  
3511 AMALFI DRIVE  
WEST PALM BEACH, FL 33417

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME ISKOWITZ, STANLEY  
STREET ADDRESS 3563 AMALFI DR  
CITY-ST-ZIP WEST PALM BEACH, FL 33417

TITLE T ☐ Delete  
NAME POLSKY, BERNICE H  
STREET ADDRESS 3511 AMALFI DRIVE  
CITY-ST-ZIP WEST PALM BEACH, FL 33417

TITLE D ☐ Delete  
NAME YANKELLO, JAMES  
STREET ADDRESS 3560 AMALFI DR  
CITY-ST-ZIP WEST PALM BEACH, FL 33417

TITLE D ☐ Delete  
NAME GROSSBERG, EVELYN  
STREET ADDRESS 3508 AMALFI DR.  
CITY-ST-ZIP WEST PALM BEACH, FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 an other like empowered.

**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Bernice H. Polsky*

4/9/07 541-478-4937