

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90160 003 ****61.25

DOCUMENT # 770323 1. Entity Name CYPRESS WALK AT BOCA WEST PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 3901 N FEDERAL HWY. STE. 202 BOCA RATON, FL 33431			Mailing Address 21045 COMMERCIAL TRAIL STE. 202 BOCA RATON, FL 33486		
2. Principal Place of Business		3. Mailing Address <i>Hawk-Eye Mgmt., Inc</i> Suite, Apt. #, etc. 3901 N Federal Hwy Ste 202			
Suite, Apt. #, etc.		City & State Boca Raton, FL			
City & State		4. FEI Number 59-2484139		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		01192005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent PATTI, PAUL N C/O HAWK-EYE MGMT., INC 3901 N FEDERAL HWY., STE. 202 BOCA RATON, FL 33431			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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	VPDS SHAPIRO, WALLACE 6773 WOOD BRIDGE DR BOCA RATON, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Roxford, Daniel Dr.</i> 6689 Woodbridge Dr. Boca Raton, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLINSKY, DAVID 6705 WOODBRIDGE DRIVE BOCA RATON, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Samuels, Larry</i> 6709 Woodbridge Dr. Boca Raton, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EICHENBAUM, BERNARD 6725 WOODBRIDGE DRIVE BOCA RATON, FL 33444	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Galland, Fred</i> 6685 Woodbridge Dr. Boca Raton, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAKULA, RANDALL 6774 WOOD BRIDGE DR BOCA RATON, FL 33434	<input checked="" 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	PD NICHINSON, DAVID B 6705 WOODBRIDGE DRIVE BOCA RATON, FL	<input checked="" 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	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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 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 another like empowered.					
SIGNATURE: <i>[Signature]</i> 4/5/2005 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					