2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State
04-20-2006 90216 050 ****61.25

50014201

DOCUMENT # 770323

1. Entity Name
CYPRESS WALK AT BOCA WEST PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3901 N FEDERAL HWY. STE. 202 BOCA RATON, FL 33431	3901 N FEDERAL HWY. STE. 202 BOCA RATON, FL 33431

01052006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2484139 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PATTI, PAUL N C/O HAWK-EYE MGMT., INC 3901 N FEDERAL HWY., STE. 202 BOCA RATON, FL 33431	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 of new registered agent (if applicable) Date

Filing Fee is $61.25
Due by May 1, 2006

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			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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D Schaffkin Ronald 6778 Woodbridge Dr. Boca Raton, FL. 33434	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D WOLINSKY, DAVID 6705 WOODBRIDGE DRIVE BOCA RATON, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D ROMFELD, DANIEL 6689 WOODBRIDGE DR BOCA RATON, FL 33434	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D SAMUELS, LARRY 6709 WOODBRIDGE DR BOCA RATON, FL 33434	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D GALLARD, FRED 6685 WOODBRIDGE DR BOCA RATON, FL 33434	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ 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: Wally Shapiro MT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date