


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90831 049 \*\*\*\*61.25

<b>DOCUMENT # 770323</b> 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 3901 N FEDERAL HWY. STE. 202 BOCA RATON, FL 33431		
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		
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 <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>	
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 title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> <div style="float: right;">DATE _____</div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<div style="text-align: right;"> <b>Make check payable to</b>  <b>Florida Department of State</b> </div>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDS SHAPIRO, WALLACE 6773 WOOD BRIDGE DR BOCA RATON, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - Edward L. Homan 6693 Woodbridge Dr. Boca Raton, FL 33434	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLINSKY, DAVID 6705 WOODBRIDGE DRIVE BOCA RATON, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMUELS, LARRY 6709 WOODBRIDGE DR BOCA RATON, FL 33434		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLARD, FRED 6685 WOODBRIDGE DR BOCA RATON, FL 33434		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAFFIN, RONALD 2778 WOOD BRIDGE DR LAKE WORTH, FL 33454		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		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 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 another like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="float: right;">         Date: 4/25/07          Daytime Phone #: _____       </div>					