

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770323

FILED
Mar 27, 2009
Secretary of State

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

Current Principal Place of Business:

3901 N FEDERAL HWY.
STE. 202
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

3901 N FEDERAL HWY.
STE. 202
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 59-2484139

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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 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: P () Delete
Name: SHAPIRO, WALLACE
Address: 6773 WOODBRIDGE DR.
City-St-Zip: BOCA RATON, FL 33434

Title: V () Delete
Name: LITTMAN, EDWARD
Address: 6693 WOODBRIDGE DR.
City-St-Zip: BOCA RATON, FL 33434

Title: T () Delete
Name: GALLAND, FRED
Address: 6685 WOODBRIDGE DR.
City-St-Zip: BOCA RATON, FL 33434

Title: D () Delete
Name: ROTHFIELD, DAN
Address: 6689 WOODBRIDGE DR.
City-St-Zip: BOCA RATON, FL 33434

Title: D (X) Delete
Name: RUTSTEIN, SUSAN
Address: 6738 WOODBRIDGE DR.
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SUSAN, RUTSTEIN
Address: 6738 WOODBRIDGE DR.
City-St-Zip: BOCA RATON, FL 33434

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WALLACE SHAPIRO

P

03/27/2009

Electronic Signature of Signing Officer or Director

Date