

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 16 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N07753 (9)**

1. Corporation Name

CYPRESS REACH AT PALM-AIRE ONE CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
C/O MWI 3500 GATEWAY DR.
3500 GATEWAY DR., STE 202
POMPANO BCH FL 33069
US

3. Date Incorporated or Qualified **02/20/1985** 3a. Date of Last Report **03/04/1994**
4. FEI Number **59-2515252** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**SHACHT ROBERT
C/O MWI 3500 GATEWAY DR
POMPANO BCH FL 33069**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS	
TITLE	TD
NAME	SHACHT, ROBERT
STREET ADDRESS	3500 GATEWAY DR #202
CITY-ST-ZIP	POMPANO BCH FL
TITLE	VD
NAME	WEINGART, RUVIN
STREET ADDRESS	3500 GATEWAY DR #202
CITY-ST-ZIP	POMPANO BCH FL
TITLE	RD
NAME	GOLDSTEIN, LEO
STREET ADDRESS	3500 GATEWAY DR #202
CITY-ST-ZIP	POMPANO BCH FL
TITLE	TD
NAME	KAPLAN, HENRY
STREET ADDRESS	3500 GATEWAY DR, #202
CITY-ST-ZIP	POMPANO BCH FL
TITLE	D
NAME	KAUVAR, I., DR.
STREET ADDRESS	3500 GATEWAY DR #202
CITY-ST-ZIP	POMPANO BCH FL
TITLE	D
NAME	MILBURN, CHESTER
STREET ADDRESS	3500 GATEWAY DR, #202
CITY-ST-ZIP	POMPANO BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	TREASURER/SECRETARY/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GLORIA KATZ
3.3 STREET ADDRESS	3500 GATEWAY DR. #202
3.4 CITY-ST-ZIP	POMPANO BEACH FL 33069
4.1 TITLE	PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **3-9-95** DAY: **305-968-4481**