

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N07753 (9)

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

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



3. Date Incorporated or Qualified: **02/20/1985**
3a. Date of Last Report: **03/16/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2515252		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
Zip		Country		29		<input type="checkbox"/> Yes <input type="checkbox"/> No	
24		25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SHACHT ROBERT C/O MWI 3500 GATEWAY DR POMPANO BCH FL 33069				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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TSD SHACHT, ROBERT 3500 GATEWAY DR #202 POMPANO BCH FL	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINGART, RUVIN	<input checked="" type="checkbox"/> DELETE	1.2 NAME
STREET ADDRESS	3500 GATEWAY DR #202		1.3 STREET ADDRESS
CITY-ST-ZIP	POMPANO BCH FL		1.4 CITY-ST-ZIP
TITLE	D KATZ, GLORIA 3500 GATEWAY DR #202 POMPANO BCH FL	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, HENRY		2.2 NAME
STREET ADDRESS	3500 GATEWAY DR #202		2.3 STREET ADDRESS
CITY-ST-ZIP	POMPANO BCH FL		2.4 CITY-ST-ZIP
TITLE	D KAUVAR, I., DR. 3500 GATEWAY DR #202 POMPANO BCH FL	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILBURN, CHESTER	<input checked="" type="checkbox"/> DELETE	3.2 NAME
STREET ADDRESS	3500 GATEWAY DR #202		3.3 STREET ADDRESS
CITY-ST-ZIP	POMPANO BCH FL		3.4 CITY-ST-ZIP
TITLE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			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 119.07(3)(k), 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: 3/1/96 DAYTIME PHONE # _____

CR2E037 (12/95)