


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 05 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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3. Date Incorporated or Qualified <b>02/20/1985</b>
4. FEI Number <b>59-2515252</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

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
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

TITLE	TSD	<input type="checkbox"/> DELETE
NAME	SHACHT, ROBERT	
STREET ADDRESS	3500 GATEWAY DR #202	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KATZ, GLORIA	
STREET ADDRESS	3500 GATEWAY DR #202	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KAPLAN, HENRY	
STREET ADDRESS	3500 GATEWAY DR, #202	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KAUVAR, I, DR.	
STREET ADDRESS	3500 GATEWAY DR #202	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ESTHER CHASEN	
STREET ADDRESS	3500 GATEWAY DR., #202	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRES. D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	RUVIN WEINGART VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	3500 GATEWAY DR. #202	
2.3 STREET ADDRESS	POMPANO BEACH FL 33069	
2.4 CITY-ST-ZIP		
3.1 TITLE	TSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PETER SOLIS-HARRIS	
3.3 STREET ADDRESS	3500 GATEWAY DR. #202	
3.4 CITY-ST-ZIP	POMPANO BEACH, FL 33069	
4.1 TITLE		<input 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 a new address.

SIGNATURE: \_\_\_\_\_

CR2E037 (10/97)