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Secretary of State

02-24-1999 90148 025 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N07753

1. Corporation Name

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

Principal Place of Business

Mailing Address

C/O MWI  
3500 GATEWAY DR., STE 202  
POMPANO BCH FL 33069  
US

C/O MWI 3500 GATEWAY DR  
202  
POMPANO BCH FL 33069  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

02/20/1985

22 City & State

27 City & State

4. FEI Number  
59-2515252

Applied For  
Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

24

25

29

30

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

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 RUVIN WEINGART

82 Street Address (P.O. Box Number is Not Acceptable)  
3500 GATEWAY DR. #202

83 POMPANO BEACH

84 City FL 85 Zip Code 33069

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 617.0509, Florida Statutes.

SIGNATURE *[Signature]*

DATE 1/19/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SHACHT, ROBERT	
STREET ADDRESS	3500 GATEWAY DR #202	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	VPD PD	<input type="checkbox"/> DELETE
NAME	WEINGART, RUVIN	
STREET ADDRESS	3500 GATEWAY DR #202	
CITY-ST-ZIP	POMPANO BCH FL 33069	
TITLE	TSO	<input type="checkbox"/> DELETE
NAME	SOLIS-HARRIS, PETER	
STREET ADDRESS	3500 GATEWAY DR, #202	
CITY-ST-ZIP	POMPANO BCH FL 33069	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KAUVAR, I., DR.	
STREET ADDRESS	3500 GATEWAY DR #202	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	D	<input checked="" 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		

1.1 TITLE	VPSO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARC FLABELL	
1.3 STREET ADDRESS	3500 GATEWAY DR. #202	
1.4 CITY-ST-ZIP	POMPANO BEACH, FL 33069	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	WILLIAM GELLERMAN	
6.3 STREET ADDRESS	3500 GATEWAY DR. #202	
6.4 CITY-ST-ZIP	POMPANO BEACH FL 33069	

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 an address, with all other like empowered.

SIGNATURE: *[Signature]*

DATE 1/19/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)