

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2005 8:00 am
Secretary of State

03-09-2005 90036 017 ****61.25

DOCUMENT # N07753
 1. Entity Name
CYPRESS REACH AT PALM-AIRE ONE CONDOMINIUM ASSOCIATION, INC.



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

40029134



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-2515252 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WEINGART, RUVIN
3500 GATEWAY DRIVE #202
POMPANO BCH FL 33069

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *M. Weingart* **RUVIN WEINGART** **(SAME)** **2/28/05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WEINGART, RUVIN	
STREET ADDRESS	3500 GATEWAY DR #202	
CITY-ST-ZIP	POMPANO BCH FL 33069	
TITLE	T	<input type="checkbox"/> Delete
NAME	CAPLAN, HARVEY	
STREET ADDRESS	3500 GATEWAY DRIVE # 202	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	D	<input type="checkbox"/> Delete
NAME	GELLERMAN, WILLIAM	
STREET ADDRESS	3500 GATEWAY DR #202	
CITY-ST-ZIP	POMPANO BCH FL 33069	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAYE, HELAINE	
STREET ADDRESS	3993 CYPRESS REACH COURT	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SHACHT, ROBERT	
STREET ADDRESS	3500 GATEWAY DRIVE # 202	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	S	<input type="checkbox"/> Delete
NAME	CANNON, LOUISE	
STREET ADDRESS	3500 GATEWAY DR # 202	
CITY-ST-ZIP	POMPANO BEACH FL 33069	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S, + VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *M. Weingart* **RUVIN WEINGART** **954** **979-9059**
Signature and typed or printed name of signing officer or director Date Daytime Phone #