


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 31, 2007 8:00 am**  
**Secretary of State**

07-31-2007 90007 026 \*\*\*\*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 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 - No P O Box # 3. Mailing Address  
 Suite, Apt. #, etc Suite, Apt. #, etc  
 2nd MOORE CR2E037 (4/07)

City & State City & State  
 4. FEI Number **59-2515252** Applied For Not Applicable

Zip Country Zip Country  
 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 \_\_\_\_\_  
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 September 5, 2007**

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAL LUCACIU 3500 GATEWAY DR #202 POMPANO BEACH, FL 33069 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Louise Cannon VP/Secy 7/26/07*