


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90015 048 \*\*\*\*61.25

<b>DOCUMENT # N07753</b> 1. Entity Name CYPRESS REACH AT PALM-AIRE ONE CONDOMINIUM ASSOCIATION, INC.	
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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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**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2515252	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

WEINGART, RUVIN  
 3500 GATEWAY DRIVE #202  
 POMPANO BCH, FL 33069

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINGART, RUVIN 3500 GATEWAY DR #202 POMPANO BCH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAPLAN, HARVEY 3500 GATEWAY DRIVE # 202 POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Mathison, Kenneth</i> GELLERMAN, WILLIAM 3500 GATEWAY DR #202 POMPANO BCH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Nelson, Lea</i> KAYE, HELAINE 3993 CYPRESS REACH COURT POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS CANNON, LOUISE 3500 GATEWAY DR # 202 POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUCACIU, VAL 3500 GATEWAY DR #202 POMPANO BEACH, FL 33069

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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: *Thomas Wil* 2/7/08 954-968-4481  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #