

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07753

FILED  
Jan 19, 2009  
Secretary of State

**Entity Name:** CYPRESS REACH AT PALM-AIRE ONE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-2515252

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

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

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WEINGART, RUVIN  
Address: 3500 GATEWAY DR #202  
City-St-Zip: POMPANO BCH, FL 33069

Title: T ( ) Delete  
Name: CAPLAN, HARVEY  
Address: 3500 GATEWAY DRIVE # 202  
City-St-Zip: POMPANO BEACH, FL 33069

Title: D ( ) Delete  
Name: MATHISON, KENNETH  
Address: 3500 GATEWAY DR #202  
City-St-Zip: POMPANO BCH, FL 33069

Title: D ( ) Delete  
Name: NELSON, LEA  
Address: 3993 CYPRESS REACH COURT  
City-St-Zip: POMPANO BEACH, FL 33069

Title: VPS ( ) Delete  
Name: CANNON, LOUISE  
Address: 3500 GATEWAY DR # 202  
City-St-Zip: POMPANO BEACH, FL 33069

Title: P ( ) Delete  
Name: LUCACIU, VAL  
Address: 3500 GATEWAY DR #202  
City-St-Zip: POMPANO BEACH, FL 33069

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUISE CANNON

V

01/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date