

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 19, 2009
Secretary of State**

DOCUMENT# N07753

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
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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