

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07753

FILED  
Feb 23, 2010  
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:**

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

**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:**

LUCACIU, VALENTIN  
3500 GATEWAY DRIVE #202  
POMPANO BCH, FL 33069 US

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: VALENTIN LUCACIU

02/23/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

Title: D  
Name: CHARLES, DAVIS  
Address: 3500 GATEWAY DR #202  
City-St-Zip: POMPANO BCH, FL 33069

Title: D  
Name: NELSON, LEA  
Address: 3500 GATEWAY DR # 202  
City-St-Zip: POMPANO BEACH, FL 33069

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

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

I hereby 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 all other like empowered.

SIGNATURE: VL

P

02/23/2010

Electronic Signature of Signing Officer or Director

Date