

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90073 036 ****61.25

DOCUMENT # N07753



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

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2515252**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	WEINGART, RUVIN	
STREET ADDRESS	3500 GATEWAY DR #202	
CITY-ST-ZIP	POMPANO BCH FL 33069	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CAPLAN, HARVEY	
STREET ADDRESS	3500 GATEWAY DRIVE # 202	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	D	<input type="checkbox"/> Delete
NAME	GELLERMAN, WILLIAM	
STREET ADDRESS	3500 GATEWAY DR #202	
CITY-ST-ZIP	POMPANO BCH FL 33069	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAYE, HELAINE	
STREET ADDRESS	3993 CYPRESS REACH COURT	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LACO, JOSEPH	
STREET ADDRESS	3500 GATEWAY DRIVE # 202	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHACHT, ROBERT	
STREET ADDRESS	3500 GATEWAY DRIVE # 202	
CITY-ST-ZIP	POMPANO BEACH FL 33069	

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *RUVIN WEINGART* *RUVIN WEINGART* 82263954-968-4465

CRE037 (10/02)