

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26225

FILED  
Mar 31, 2011  
Secretary of State

**Entity Name:** CYPRESS ISLE AT THE POLO CLUB CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

20540 COUNTRY CLUB BLVD  
101  
BOCA RATON, FL 33434 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 97-0069  
BOCA RATON, FL 334970069 US

**New Mailing Address:**

**FEI Number:** 65-0115397

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PALOMBI, GARY  
20540 COUNTRY CLUB BLVD  
101  
BOCA RATON, FL 33434 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: P  
Name: MILLS, PAUL  
Address: 16825 D ISLE OF PALMS DR  
City-St-Zip: DELRAY BEACH, FL 33484

Title: VPS  
Name: RICHMAN, JUDIE  
Address: 16879-D ISLE OF PALMS DR  
City-St-Zip: DELRAY BEACH, FL 33484

Title: T  
Name: GOLDSTEIN, GEORGE  
Address: 16837-C ISLE OF PALM DRIVE  
City-St-Zip: DELRAY BEACH, FL 33484

Title: D  
Name: FREEDMAN, ALLAN  
Address: 16922-B ISLES OF PALM DR  
City-St-Zip: DELRAY BEACH, FL 33484

Title: D  
Name: REICHART, STUART  
Address: 16873C ISLE OF PALMS DR  
City-St-Zip: DELRAY BEACH, FL 33484

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: GARY PALOMBI

RA

03/31/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date