

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90103 045 \*\*\*\*61.25

**DOCUMENT # N36169**

1. Entity Name  
CYPRESS FOREST HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business  
314 NE 3RD ST  
BOYNTON BEACH, FL 33435

Mailing Address  
314 NE 3RD ST  
BOYNTON BEACH, FL 33435

40076000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03222007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
65-0291313

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLITZKY, EARL K  
COMMUNITY ASSOCIATION MANAGEMENT SYSTEMS  
322 NE 3RD STREET  
BOYNTON BEACH, FL 33435

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

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 P ☐ Delete  
NAME VENTRIGLIO, FRANK  
STREET ADDRESS 581 CYPRESS GREEN  
CITY-ST-ZIP WEST PALM BEACH, FL 33414

TITLE ☐ Change ☐ Addition  
NAME President  
STREET ADDRESS FRANK Ventriglio  
CITY-ST-ZIP 581 Cypress Green Circle  
Wellington FL 33414

TITLE S ☒ Delete  
NAME BOLTON, PATRICK  
STREET ADDRESS 15842 CYPRESS PARK DR  
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE ☐ Change ☐ Addition  
NAME KATHY MIRA  
STREET ADDRESS 582 Cypress Green Circle  
CITY-ST-ZIP Wellington FL 33414

TITLE VP ☒ Delete  
NAME ANOFF, DAN  
STREET ADDRESS 15775 CYPRESS CREEK LN  
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE ☐ Change ☐ Addition  
NAME Terry Powers  
STREET ADDRESS 558 Cypress Strand Ct  
CITY-ST-ZIP Wellington, FL 33414

TITLE T ☒ Delete  
NAME QUESTLER, DAVID  
STREET ADDRESS 539 CYPRESS GREEN CIR.  
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE ☐ Change ☐ Addition  
NAME John Moschella  
STREET ADDRESS 857 Cedar Cove Rd.  
CITY-ST-ZIP Wellington, FL 33414

TITLE D ☒ Delete  
NAME POWERS, TERRY  
STREET ADDRESS 558 CYPRESS STRAND  
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE ☐ Change ☐ Addition  
NAME BART NOXAK  
STREET ADDRESS 15670 Cedar Cove Rd.  
CITY-ST-ZIP Wellington, FL 33414

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-07

Date

Daytime Phone #