2005 NOT-FOR-PROFIT CORPORATION

Apr 25, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT #769078** 04-25-2005 90246 041 ****70.00 1. Entity Name CYPRESS VILLAGE PROFESSIONAL BUILDING CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 7480 FAIRWAY DRIVE, STE 203 7480 FAIRWAY DRIVE, STE 203 20044401 MIAMI LAKES, FL 33014 MIAMI LAKES, FL 33014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01202005 CR2E037 (10/03) City & State 4. FEI Number 59-2512889 Applied For City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAKOWICZ, KENNETH Street Address (P.O. Box Number is Not Acceptable 7480 FAIRWAY DRIVE, STE 203 //D MIAMI LAKES, FL 33014 ... City 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 DATE \$5.00 May Be Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to Due by May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. ☐ AddItion TITLE ☐ Delete TITLE PLATANOS, GREGORY NAME NAME 7480 FAIRWAY DRIVE, STE 298- 201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI LAKES, FL 33014 CITY-ST-ZIP MLE ☐ Delete TITLE Change Addition SIELER, KATHALEEN NAME NAME 7480 FAIRWAY DR STE 205 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF HIALEAH, FL 33014 CITY-ST-ZIP TD Change --TITLE Delete TITLE Addition SAKOWICZ, KENNETH G NAME NAME 7480 FAIRWAY DRIVE, STE 110 STREET ADDRESS STREET ADDRESS MIAMI LAKES, FL 33014 CITY-ST-ZIP CITY-ST-78 VPD Change IIII F TITLE ☐ Addition RIND, LUGIAN LUCIAN ☐ Delete LUCIAN RIND NAME NAME 7480 FAIRWAY DRIVE, STE 201 STREET ADDRESS STREET ADDRESS MIAMI LAKES, FL 33014 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE M Addition NAME STREET ADDRESS STREET ADDRESS

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 empoyeered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

BNNPTH

FILED