2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715571

Entity Name: CYPRESS GARDENS CONDOMINIUM, INC.

FILED Apr 23, 2008 Secretary of State

2219-2225 PLK ST. HOLLYWOOD, FL 33020

Current Mailing Address: New Mailing Address:

D&B PROP. MGMT ELITE MANAGEMENT ASSOCIATES, INC. 220 SUITE# E-1

TAMARAC, FL 33321 PEMBROKE PINES, FL 33024

FEI Number: 59-1285770 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

D&B PROPERTY MANAGEMENT ELITE MANAGEMENT ASSOCIATES, INC. SUITE 220, 7300 N. MCNABB RD 10081 PINES BLVD. TAMARAC, FL 33321 US SUITE# E-1

PEMBROKE PINES, FL 33024 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: GLORIA DONNELLI 04/23/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:P () DeleteTitle:P (X) Change () AdditionName:MCGOWAN, KATHRYNName:MCGOWAN, KATHRYNAddress:2219 POLK STREETAddress:2219 POLK STREET

City-St-Zip: HOLLYWOOD, FL 33020 City-St-Zip: HOLLYWOOD, FL 33020 US

Title: S () Delete Title: TR/S (X) Change () Addition

 Name:
 BELANGER, MICHELLE
 Name:
 BELANGER, MICHELLE

 Address:
 2225 POLK ST., #103
 Address:
 2225 POLK ST., #103

 City-St-Zip:
 HOLLYWOOD, FL 33020
 City-St-Zip:
 HOLLYWOOD, FL 33020 US

Title: TD () Delete Title: VP (X) Change () Addition

 Name:
 HORN, MARY
 Name:
 HORN, MARY

 Address:
 2219 POLK STREET
 Address:
 2219 POLK STREET

 City-St-Zip:
 HOLLYWOOD, FL 33020
 City-St-Zip:
 HOLLYWOOD, FL 33020 US

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad (\) {\sf Change} \ ({\sf X}) \ {\sf Addition}$

 Name:
 Name:
 PARE, CHARLES

 Address:
 Address:
 2219 POLK STREET

 City-St-Zip:
 City-St-Zip:
 HOLLYWOOD, FL 33020 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KATHRYN MCGOWAN PRES 04/23/2008