2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # 769078

1. Entity Name
CYPRESS VILLAGE PROFESSIONAL BUILDING CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7480 FAIRWAY DRIVE, STE 204 MIAMI LAKES, FL 33014	7480 FAIRWAY DRIVE, STE 203 MIAMI LAKES, FL 33014

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01162007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2512889
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SAKOWICZ, KENNETH
7480 FAIRWAY DRIVE, STE 110
MIAMI LAKES, FL 33014

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PLATANOS, GREGORY
STREET ADDRESS	7480 FAIRWAY DRIVE, STE 204
CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	SD
NAME	SIELER, KATHALEEN
STREET ADDRESS	7480 FAIRWAY DR STE 205
CITY-ST-ZIP	HIALEAH, FL 33014
TITLE	TD
NAME	SAKOWICZ, KENNETH G
STREET ADDRESS	7480 FAIRWAY DRIVE, STE 110
CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	VPD
NAME	RIND, LUCIAN
STREET ADDRESS	7480 FAIRWAY DRIVE, STE 201
CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/29/07-80055-012 70.00

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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 all other like empowered.

SIGNATURE: Kenneth G. Sakowicz TREASURER 1/27/07 3058236871
NAME AND TITLE OF AUTHORIZED OFFICER OR DIRECTOR Date Daytime Phone #