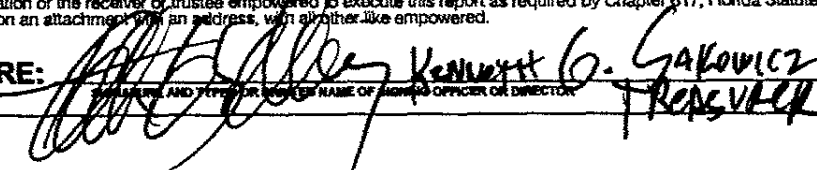


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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 7480 FAIRWAY DRIVE, STE 204 MIAMI LAKES, FL 33014	Mailing Address 7480 FAIRWAY DRIVE, STE 203 MIAMI LAKES, FL 33014	 01162007 No Chg-NP CR2E037 (4/06) <table border="1" style="width:100%"><tr><td>4. FEI Number 59-2512889</td><td>Applied For Not Applicable</td></tr><tr><td>5. Certificate of Status Desired</td><td>☒ \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 59-2512889	Applied For Not Applicable	5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required
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5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required					
DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent SAKOWICZ, KENNETH 7480 FAIRWAY DRIVE, STE 110 MIAMI LAKES, FL 33014		DO NOT WRITE IN THIS SPACE				
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 _____ (NOTE: Registered Agent signature required when relocating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.						
Filing Fee is \$41.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS		 000000604470 01/29/07-80055-012 70.00 DO NOT WRITE IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PLATANOS, GREGORY 7480 FAIRWAY DRIVE, STE 204 MIAMI LAKES, FL 33014					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIELER, KATHALEEN 7480 FAIRWAY DR STE 205 HIALEAH, FL 33014					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SAKOWICZ, KENNETH G 7480 FAIRWAY DRIVE, STE 110 MIAMI LAKES, FL 33014					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RIND, LUCIAN 7480 FAIRWAY DRIVE, STE 201 MIAMI LAKES, FL 33014					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE 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:  6. SAKOWICZ 1/27/07 303238871 Signature and typed or printed name of officer or director Daytime Phone #						