


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000001490 1. Entity Name TWIN LAKES PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 1475 W. CYPRESS CREEK RD., SUITE 202 FT. LAUDERDALE, FL 33309	Mailing Address 1475 W. CYPRESS CREEK RD., SUITE 202 FT. LAUDERDALE, FL 33309
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DO NOT WRITE IN THIS SPACE

04012008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-4393462	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLIFFORD I. HERTZ, P.A.
ONE N. CLEMATIS ST., SUITE 500
W. PALM BCH, FL 33401

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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 reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

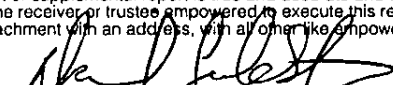
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000886159
04/18/08-80044-010 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOLDSTEIN, DANIEL 1475 W. CYPRESS CREEK RD., SUITE 202 FT. LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BAND, ROBERT 1475 W. CYPRESS CREEK RD., SUITE 202 FT. LAUDERDALE, FL 33309
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  **4/3/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #