


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90031 040 \*\*\*\*61.25

<b>DOCUMENT # N96000005796</b>					
<b>1. Entity Name</b> CYPRESS LAKES BUSINESS PARK PROPERTY OWNERS ASSOCIATION II, INC.					
<b>Principal Place of Business</b> 3870 TAMPA RD, STE E OLDSMAR, FL 34677 US			<b>Mailing Address</b> 3870 TAMPA RD, STE E OLDSMAR, FL 34677 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 1730 S PINELLAS AVE		<b>3. Mailing Address</b> 1730 S PINELLAS AVE			
Suite, Apt. #, etc. SUITE N		Suite, Apt. #, etc. SUITE N			
City & State TARPON SPRINGS FL		City & State TARPON SPRINGS FL			
Zip 34689		Country 34689		Country 34689	
<b>6. Name and Address of Current Registered Agent</b>  WICKY, JERRY SUNSTATE PROFESSIONAL ACCOUNTING 3063 ST. CLAIRE AVE OLDSMAR, FL 34677			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLEAKLEY, DALE E <input type="checkbox"/> Delete 3870 TAMPA RD, STE E OLDSMAR, FL 34677		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1730 S PINELLAS AVE, SUITE N TARPON SPRINGS FL 34689	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VERDI, VINCENT <input type="checkbox"/> Delete 250 PINE AVE N OLDSMAR, FL 34677		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SPYCHALA, MICHAEL <input type="checkbox"/> Delete 240 PINE AVENUE N OLDSMAR, FL 34677		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Dale E Bleakley</u>			4/8/2008		727-942-0404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #