


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90178 019 \*\*\*\*61.25

<b>DOCUMENT # N02000008971</b>					
<b>1. Entity Name</b> CYPRESS CREEK PROFESSIONAL PARK OWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 16630 NORTH DALE MABRY HWY TAMPA, FL 33618-1400			<b>Mailing Address</b> 16630 NORTH DALE MABRY HWY TAMPA, FL 33618-1400		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		01192006    Chg-NP    CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>4. FEI Number</b> 51-0437283	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
WESTFALL, JOHN 16630 N. DALE MABRY HWY TAMPA, FL 33618				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</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>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD WESTFALL, JOHN W 16630 N. DALE MABRY HWY TAMPA, FL 33618 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	V SRIANO, RICK 24620 S.R. 54 LUTZ, FL 335597307 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	V SORIANO, RICK 24620 S.R. 54 LUTZ, FL 33559-7307 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D ROOT, DAVID 24650 STATE RD. 54 LUTZ, FL 335597307 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, BOBBI 24638 S.R. 54 LUTZ, FL 335597307 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, BOBBI 24638-40 S.R. 54 LUTZ, FL 33559-7307 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	S PATTON, TODD 24626 S.R. 54 LUTZ, FL 335597307 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	S T BUSH, CONRAD 24632 S.R. 54 LUTZ, FL 33559-7307 <input type="checkbox"/> Change <input checked="" 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> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/14/06    (813) 962-6544 <small>Date    Daytime Phone #</small>		JOHN WESTFALL	