

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008971

FILED
Mar 17, 2009
Secretary of State

Entity Name: CYPRESS CREEK PROFESSIONAL PARK OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

16630 NORTH DALE MABRY HWY
TAMPA, FL 336181400

New Principal Place of Business:

16630 NORTH DALE MABRY HWY
TAMPA, FL 336181400 US

Current Mailing Address:

16630 NORTH DALE MABRY HWY
TAMPA, FL 336181400

New Mailing Address:

16630 NORTH DALE MABRY HWY
TAMPA, FL 336181400 US

FEI Number: 51-0437283

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WESTFALL, JOHN
16630 N. DALE MABRY HWY
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

WESTFALL, JOHN
16630 N. DALE MABRY HWY
TAMPA, FL 336181400 US

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.

SIGNATURE: JOHN WESTFALL

03/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WESTFALL, JOHN W
Address: 16630 N. DALE MABRY HWY
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: SORIANO, RICK
Address: 24620 S.R. 54
City-St-Zip: LUTZ, FL 335597307

Title: VD () Delete
Name: ROOT, DAVID
Address: 24650 STATE RD. 54
City-St-Zip: LUTZ, FL 335597307

Title: D (X) Delete
Name: SMITH, BOBBI
Address: 24638 S.R. 54
City-St-Zip: LUTZ, FL 335597307

Title: ST (X) Delete
Name: BUSH, CONRAD
Address: 24632 S R 54
City-St-Zip: LUTZ, FL 335597307

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WESTFALL, JOHN W
Address: 16630 N. DALE MABRY HWY
City-St-Zip: TAMPA, FL 336181400 US

Title: TD (X) Change () Addition
Name: SMITH, BOBBI
Address: 24638 S R 54
City-St-Zip: LUTZ, FL 335597307 US

Title: SD (X) Change () Addition
Name: ROOT, DAVID
Address: 24650 STATE RD. 54
City-St-Zip: LUTZ, FL 335597307 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN W WESTFALL

PD

03/17/2009

Electronic Signature of Signing Officer or Director

Date