


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

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000003850</b> 1. Entity Name <b>CYPRESS LAKE OFFICE CENTER ASSOCIATION, INC.</b>	
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Principal Place of Business <b>12811 KENWOOD LANE SUITE 115 FORT MYERS, FL 33907</b>	Mailing Address <b>12811 KENWOOD LANE SUITE 115 FORT MYERS, FL 33907</b>
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**DO NOT WRITE IN THIS SPACE**



01102008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>20-2417382</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**COSTELLO, TRUMAN J  
12670 NEW BRITTANY BLVD  
SUITE 101  
FT. MYERS, FL 33907**

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$81.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PRENDIVILLE, STEPHEN MD 9407 CYPRESS LAKE DR. FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HUTT, WILL 9403 CYPRESS LAKE DR. #1 FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GRUMBACH, PAUL DDS 9411 CYPRESS LAKE DR. FORT MYERS, FL 33919
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03/06/08-80013-004 61.25

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:**  **2/22/08 239275**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 7799