


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90182 002 ****61.25

DOCUMENT # N05000000079

1. Entity Name
 CYPRESS LAKES PROFESSIONAL CENTER
 COMMERCIAL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 3870 TAMPA ROAD SUITE E
 OLDSMAR, FL 34677

Mailing Address
 3870 TAMPA ROAD SUITE E
 OLDSMAR, FL 34677



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02212007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
 BLEAKLEY, DALE E
 3870 TAMPA ROAD SUITE E
 OLDSMAR, FL 34677

7. Name and Address of New Registered Agent
 Name: JERRY WICKY
 Street Address (P.O. Box Number is Not Acceptable): SUNSTATE PROFESSIONAL ACCOUNTING
 3063 ST. CLAIRE AVE
 City: OLDSMAR FL Zip Code: 34677

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: *Jerry Wicky* DATE: 4/23/2007

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

Filing Fee is \$61.25 Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLEAKLEY, DALE E 3870 TAMPA ROAD SUITE E OLDSMAR, FL 34677 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLEAKLEY, KENT A 3870 TAMPA ROAD SUITE E OLDSMAR, FL 34677 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTING, DORIS D 3870 TAMPA ROAD SUITE E OLDSMAR, FL 34677 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERDI, VINCENT 601 PACKARD CT. SAFETY HARBOR, FL 34695 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILBERT, LARRY D 2040 N.E. COACHMAN ROAD CLEARWATER, FL 33765 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D MICHAEL SPYCHALA 240 PINE AVE N. OLDSMAR FL 34677	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D ANTON HOPEN 180 PINE AVE N OLDSMAR FL 34677	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D 250 PINE AVE N. OLDSMAR FL 34677	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D KENNETH COHEN 190 PINE AVE N OLDSMAR FL 34677	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Dale E Bleakley* DIRECTOR DATE: 4-24-07 DAYTIME PHONE #: 813-855-5704

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR