

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008 8:00 am
Secretary of State

07-07-2008 90002 029 ****61.25

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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 # 180 North Pine Avenue		3. Mailing Address 180 North Pine Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Oldsmar, Florida		City & State Oldsmar, Florida	
Zip 34677		Country	
4. FEI Number 20-2114777		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WICKY, JERRY SUNSTATE PROFESSIONAL ACCOUNTING 3063 ST CLAIRE AVE OLDSMAR, FL 34677		7. Name and Address of New Registered Agent Name Bennett L. Rabin Street Address (P.O. Box Number is Not Acceptable) 200 North Pine Avenue 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		BENNETT L. Rabin 7/2/2008	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D Bennett L. Rabin <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLEAKLEY, DALE E	NAME	Bennett L. Rabin
STREET ADDRESS	3870 TAMPA ROAD SUITE E	STREET ADDRESS	200 North Pine Avenue
CITY-ST-ZIP	OLDSMAR, FL 34677	CITY-ST-ZIP	Oldsmar, Florida 34677
TITLE	D-T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPYCHALA, MICHAEL	NAME	
STREET ADDRESS	240 PINE AVE N.	STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR, FL 34677	CITY-ST-ZIP	
TITLE	D-P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPEN, ANTON	NAME	
STREET ADDRESS	130 PINE AVE N	STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR, FL 34677	CITY-ST-ZIP	
TITLE	D-S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERDI, VINCENT	NAME	
STREET ADDRESS	250 PINE AVE N	STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR, FL 34677	CITY-ST-ZIP	
TITLE	D-VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, KENNETH	NAME	
STREET ADDRESS	190 PINE AVE N	STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR, FL 34677	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 an other like empowered.			
SIGNATURE:		VINCENT VERDI 7/2/08 (727) 463-5200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	