

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 10, 2009  
Secretary of State

DOCUMENT# N05000000079

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

**Current Principal Place of Business:**

180 N PINE AVE  
OLDSMAR, FL 34677

**New Principal Place of Business:**

200 N PINE AVE  
OLDSMAR, FL 34677

**Current Mailing Address:**

180 N PINE AVE  
OLDSMAR, FL 34677

**New Mailing Address:**

200 N PINE AVE  
OLDSMAR, FL 34677

FEI Number: 20-2114777

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RABIN, BENNETT L  
200 N PINE AVE  
OLDSMAR, FL 34677 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: RABIN, BENNETT L  
Address: 200 N PINE AVE  
City-St-Zip: OLDSMAR, FL 34677

Title: D ( ) Delete  
Name: SPYCHALA, MICHAEL  
Address: 240 PINE AVE N.  
City-St-Zip: OLDSMAR, FL 34677

Title: D ( ) Delete  
Name: HOPEN, ANTON  
Address: 180 PINE AVE N  
City-St-Zip: OLDSMAR, FL 34677

Title: D ( ) Delete  
Name: VERDI, VINCENT  
Address: 250 PINE AVE N  
City-St-Zip: OLDSMAR, FL 34677

Title: D ( ) Delete  
Name: COHEN, KENNETH  
Address: 190 PINE AVE N  
City-St-Zip: OLDSMAR, FL 34677

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D/T (X) Change ( ) Addition  
Name: SPYCHALA, MICHAEL  
Address: 240 PINE AVE N.  
City-St-Zip: OLDSMAR, FL 34677

Title: D/P (X) Change ( ) Addition  
Name: HOPEN, ANTON  
Address: 180 PINE AVE N  
City-St-Zip: OLDSMAR, FL 34677

Title: D/S (X) Change ( ) Addition  
Name: GALEANO, FERNANDO  
Address: 150 PINE AVE N  
City-St-Zip: OLDSMAR, FL 34677

Title: D/V (X) Change ( ) Addition  
Name: COHEN, KENNETH  
Address: 190 PINE AVE N  
City-St-Zip: OLDSMAR, FL 34677

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: BENNETT L. RABIN

D

03/10/2009

Electronic Signature of Signing Officer or Director

Date