

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000079

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

200 N PINE AVE  
OLDSMAR, FL 34677

**New Principal Place of Business:**

**Current Mailing Address:**

200 N PINE AVE  
OLDSMAR, FL 34677

**New Mailing Address:**

**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  
Name: RABIN, BENNETT L  
Address: 200 N PINE AVE  
City-St-Zip: OLDSMAR, FL 34677

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: BEN RABIN

DIR

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date