

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90021 047 ****61.25

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1. Entity Name
CYPRESS GLEN PROFESSIONAL PARK OWNERS
ASSOCIATION, INC.



Principal Place of Business
16630 N. DALE MABRY HIGHWAY
TAMPA, FL 33618

Mailing Address
16630 N. DALE MABRY HIGHWAY
TAMPA, FL 33618

40049704



01082008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
56-2573236

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WESTFALL, JOHN
16630 N. DALE MABRY HIGHWAY
TAMPA, FL 33618

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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

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
WESTFALL, JOHN W.
16630 N. DALE MABRY HIGHWAY
TAMPA, FL 33618

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WESTFALL, CAROL
16630 N. DALE MABRY HIGHWAY
TAMPA, FL 33618

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MYERS, STEVEN L.
13623 N. FLORIDA AVE.
TAMPA, FL 33613

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Carol A. Westfall, Director 2/18/08 962-6544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CAROL A. WESTFALL

Date

Daytime Phone #