

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002543

FILED  
Mar 16, 2009  
Secretary of State

**Entity Name:** CYPRESS GLEN PROFESSIONAL PARK OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

16630 N. DALE MABRY HIGHWAY  
TAMPA, FL 33618

**New Principal Place of Business:**

16630 N. DALE MABRY HIGHWAY  
TAMPA, FL 336181400 US

**Current Mailing Address:**

16630 N. DALE MABRY HIGHWAY  
TAMPA, FL 33618

**New Mailing Address:**

16630 N. DALE MABRY HIGHWAY  
TAMPA, FL 336181400 US

**FEI Number:** 56-2573236

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

WESTFALL, JOHN W  
16630 N. DALE MABRY HIGHWAY  
TAMPA, FL 336181400 US

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: JOHN W WESTFALL

03/16/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPST ( ) Delete  
Name: WESTFALL, JOHN W.  
Address: 16630 N. DALE MABRY HIGHWAY  
City-St-Zip: TAMPA, FL 33618

Title: D ( ) Delete  
Name: WESTFALL, CAROL  
Address: 16630 N. DALE MABRY HIGHWAY  
City-St-Zip: TAMPA, FL 33618

Title: D ( ) Delete  
Name: MYERS, STEVEN L.  
Address: 13623 N. FLORIDA AVE.  
City-St-Zip: TAMPA, FL 33613

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

Title: DPST (X) Change ( ) Addition  
Name: WESTFALL, JOHN W  
Address: 16630 N. DALE MABRY HIGHWAY  
City-St-Zip: TAMPA, FL 336181400 US

Title: D (X) Change ( ) Addition  
Name: WESTFALL, CAROL A  
Address: 16630 N. DALE MABRY HIGHWAY  
City-St-Zip: TAMPA, FL 336181400 US

Title: D (X) Change ( ) Addition  
Name: MYERS, STEVEN L  
Address: 13623 N. FLORIDA AVE.  
City-St-Zip: TAMPA, FL 33613 US

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: JOHN W WESTFALL

DPST

03/16/2009

Electronic Signature of Signing Officer or Director

Date