

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 04, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90042 015 \*\*\*\*61.25

<b>DOCUMENT # N06000004890</b>					
<b>1. Entity Name</b> CYPRESS RIDGE PROFESSIONAL CENTER OWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 3001 N ROCKY POINT DRIVE EAST SUITE 390 TAMPA, FL 33607			<b>Mailing Address</b> 3001 N ROCKY POINT DRIVE EAST SUITE 390 TAMPA, FL 33607		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-4812268	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  ARSENAULT, KENNETH G JR 10225 ULMERTON ROAD SUITE 2 LARGO, FL 33771			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<b>PD</b> KANJI, DILIP 3001 N ROCKY POINT DRIVE EAST SUITE 390 TAMPA, FL 33607		<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<b>VD</b> GREG VAN BEBBER 132 WHITAKER RD LUTZ FL 33549	
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<b>VD</b> SULLIVAN, PRESTON 132 WHITAKER ROAD SUITE A LUTZ, FL 33549		<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<b>VD</b> GREG VAN BEBBER 132 WHITAKER RD LUTZ FL 33549	
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<b>STD</b> DEAKIN, BARBARA 1408 S DE SOTO AVE TAMPA, FL 33606		<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP		
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Barbara Deakin</u>			4/23/07 813-431-1811		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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