2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/24/

FILED
May 23, 2008 8:00 am
Secretary of State
04-24-2008 90092 050 ****61.25

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1. Entity Name
CYPRESS RIDGE PROFESSIONAL CENTER OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3001 N ROCKY POINT DRIVE EAST SUITE 390 TAMPA, FL 33607	3001 N ROCKY POINT DRIVE EAST SUITE 390 TAMPA, FL 33607

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04222008 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-4812268
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ARSENAULT, KENNETH G JR
10225 ULMERTON ROAD SUITE 2
LARGO, FL 33771

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (MUST: Registered Agent signature required when changing)

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	PD
NAME	KANJI, DILIP
STREET ADDRESS	3001 N ROCKY POINT DRIVE EAST SUITE 390
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	VD
NAME	BEBBER, GREG V
STREET ADDRESS	132 WHITAKER ROAD SUITE A
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	STD
NAME	DEAKIN, BARBARA
STREET ADDRESS	1408 S DE SOTO AVE
CITY-ST-ZIP	TAMPA, FL 33606
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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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: Barbara Deakin 5/20/08 813-839-2811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #