

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000004890

**FILED**  
**Jan 29, 2010**  
**Secretary of State**

**Entity Name:** CYPRESS RIDGE PROFESSIONAL CENTER OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3030 N ROCKY POINT DR WEST  
SUITE 820  
TAMPA, FL 33607

**New Principal Place of Business:**

7627 COURTNEY CAMPBELL CAUSEWAY  
TAMPA, FL 33607

**Current Mailing Address:**

3030 N ROCKY POINT DR WEST  
SUITE 820  
TAMPA, FL 33607

**New Mailing Address:**

7627 COURTNEY CAMPBELL CAUSEWAY  
TAMPA, FL 33607

**FEI Number:** 20-4812268

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARSENAULT, KENNETH G JR  
10225 ULMERTON ROAD SUITE 2  
LARGO, FL 33771 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: PD  
Name: KANJI, DILIP  
Address: 7627 COURTNEY CAMPBELL CAUSEWAY  
City-St-Zip: TAMPA, FL 33607

Title: VD  
Name: BEBBER, GREG V  
Address: 132 WHITAKER ROAD SUITE A  
City-St-Zip: LUTZ, FL 33549

Title: STD  
Name: DEAKIN, BARBARA  
Address: 2909 W BAY TO BAY BLVD. STE 108  
City-St-Zip: TAMPA, FL 33629

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: BARBARA DEAKIN

STD

01/29/2010

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

\_\_\_\_\_  
Date