

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90060 023 \*\*\*\*61.25

<b>DOCUMENT # N06000009314</b> 1. Entity Name CYPRESS PLAZA BUSINESS CENTER CONDOMINIUM OWNERS' ASSOCIATION, INC.					
Principal Place of Business 8110 CYPRESS PLAZA DRIVE SUITE 202 JACKSONVILLE, FL 32256			Mailing Address 8641 BAYPINE ROAD SUITE 1 JACKSONVILLE, FL 32256		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PROPERTY SERVICES, INC. 8641 BAYPINE ROAD SUITE 1 JACKSONVILLE, FL 32256			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
		Make check payable to <b>Florida Department of State</b>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> </div> </div>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BERG, JOE <input checked="" type="checkbox"/> Delete 8110 CYPRESS PLAZA DRIVE #202 JACKSONVILLE, FL 32256		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Thompson, Ted <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6372-1 Greenland Road Jacksonville, FL 32258	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TSISTINAS, MARK <input type="checkbox"/> Delete 1 BUFFALO MEADOW LANE PALM COAST, FL 32137		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T STALLS, HOWARD <input type="checkbox"/> Delete 8110 CYPRESS PLAZA DRIVE #106 JACKSONVILLE, FL 32256		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Stalls, Howard <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6900 Phillips Highway #44 Jacksonville, FL 32216	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Fite, Edwin <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8535 Baymeadows Road #12 Jacksonville, FL 32256	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Hussain, Khadim <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2021 Brighton Bay Trail Jacksonville, FL 32246	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>SIGNATURE:</b> <i>David W. Forest Sr.</i> <b>AGENT</b>			<b>3-27-07</b> <b>904-731-9500 ext 3</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		