## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000009314

**FILED** Mar 23, 2009 Secretary of State

Entity Name: CYPRESS PLAZA BUSINESS CENTER CONDOMINIUM OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:** 

**New Principal Place of Business:** 

8110 CYPRESS PLAZA DRIVE SUITE 202

8110 CYPRESS PLAZA DRIVE JACKSONVILLE, FL 32256

JACKSONVILLE, FL 32256

**Current Mailing Address:** 

**New Mailing Address:** 

8641 BAYPINE ROAD SUITE 1

SUITE 317

JACKSONVILLE, FL 32256

7400 BAYMEADOWS WAY JACKSONVILLE, FL 32256

FEI Number: 20-2431897

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PROPERTY SERVICES, INC. 8641 BAYPINE ROAD

COMMUNITY MANAGEMENT CONCEPTS, INC.

SUITE 1

8641 BAYPINE ROAD SUITE 317

JACKSONVILLE, FL 32256 US

JACKSONVILLE, FL 32256 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: SHERRILL SCHAFER

03/23/2009

Electronic Signature of Registered Agent

FEI Number Applied For ( )

Date

**OFFICERS AND DIRECTORS:** 

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete

THOMPSON, TED Name:

8110 CYPRESS PLAZA DR. #401 Address:

City-St-Zip: JACKSONVILLE, FL 32256

Title: ( ) Delete

BERG, JOE Name:

Address: 7757 BURNT OAK TRAIL City-St-Zip: JACKSONVILLE, FL 32256

Title: () Delete

STALLS, HOWARD Name:

8110 CYPRESS PLAZA DR. #106 Address: City-St-Zip: JACKSONVILLE, FL 32256

(X) Change ( ) Addition

THOMPSON, TED Name:

SEC

Address: 8110 CYPRESS PLAZA DR. #401 JACKSONVILLE, FL 32256

City-St-Zip:

Title: (X) Change ( ) Addition Name: BERG, JOE

Address: 8110 CYPRESS PLAZA DR., #202 City-St-Zip: JACKSONVILLE, FL 32256

Title: **TREA** (X) Change ( ) Addition

STALLS, HOWARD Name:

8110 CYPRESS PLAZA DR. #106 Address: City-St-Zip: JACKSONVILLE, FL 32256

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: SHERRILL SCHAFER **PRES** 03/23/2009