FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N46554** **(4)**

1. Corporation Name
CYPRESS LAKES BUSINESS PARK PROPERTY OWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
105H DUNBAR AVE. OLDSMAR FL 34677	105H DUNBAR AVE. OLDSMAR FL 34677

3. Date Incorporated or Qualified: **12/20/1991**
3a. Date of Last Report: **04/26/1994**
4. FEI Number: **59-3130708** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

TEW, JOEL R.
2655 MCCORMICK DR.
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DST	☒ Change ☐ Addition
NAME	BLEAKLEY, DONALD E.	1.2 NAME	BLEAKLEY, DONALD E.	
STREET ADDRESS	105H DUNBAR AVE.	1.3 STREET ADDRESS	105H Dunbar Ave.	
CITY-ST-ZIP	OLDSMAR FL	1.4 CITY-ST-ZIP	Oldsmar, FL 34677	
TITLE	DST	2.1 TITLE	DP	☒ Change ☐ Addition
NAME	BLEAKLEY, DALE E.	2.2 NAME	BLEAKLEY, DALE E.	
STREET ADDRESS	105H DUNBAR AVE.	2.3 STREET ADDRESS	105H Dunbar Ave.	
CITY-ST-ZIP	OLDSMAR FL	2.4 CITY-ST-ZIP	Oldsmar, FL 34677	
TITLE		3.1 TITLE	D	☐ Change ☒ Addition
NAME		3.2 NAME	TEW, JOEL R.	
STREET ADDRESS		3.3 STREET ADDRESS	2655 McCormick Dr.	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Clearwater, FL 34619	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dale E Bleakley Dale E. Bleakley, President 4/25/95 813-855-5704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000004