


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N96000005796 (5)
 1. Corporation Name
CYPRESS LAKES BUSINESS PARK PROPERTY OWNERS ASSOCIATION II, INC.



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| Principal Place of Business 105H DUNBAR AVE OLDSMAR FL 34677 | Mailing Address 105H DUNBAR AVE OLDSMAR FL 34677 |
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|---|--|
| 3. Date Incorporated or Qualified 11/08/1996 | |
| 4. FEI Number 59-3416552 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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|---|--|
| 2. Principal Place of Business 21 3870 Tampa Road Suite, Apt. #, etc. 22 Suite D City & State 23 Oldsmar, FL Zip 24 34677 Country 25 USA | 2a. Mailing Address 26 3870 Tampa Road Suite, Apt. #, etc. 27 Suite D City & State 28 Oldsmar, FL Zip 29 34677 Country 30 USA |
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9. Name and Address of Current Registered Agent
FELDMAN, DONNA J
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | DST <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLEAKLEY, DONALD E | 1.2 NAME | |
| STREET ADDRESS | 105 H DUNBAR AVE | 1.3 STREET ADDRESS | 3870 Tampa Road, Ste D |
| CITY-ST-ZIP | OLDSMAR FL | 1.4 CITY-ST-ZIP | Oldsmar, FL 34677 |
| TITLE | DP <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLEAKLEY, DALE E | 2.2 NAME | |
| STREET ADDRESS | 105 H DUNBAR AVE | 2.3 STREET ADDRESS | 3870 Tampa Road, Suite D |
| CITY-ST-ZIP | OLDSMAR FL | 2.4 CITY-ST-ZIP | Oldsmar, FL 34677 |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLEAKLEY, KENT A | 3.2 NAME | |
| STREET ADDRESS | P O BOX 1781 N/A | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | WHITE SALMON WA | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing 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: *Donald E Bleakley* **MAR 26 1998** 813-855-5704

CR2E037 (10/97)