


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90018 007 ****61.25

DOCUMENT # N96000005796

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




Principal Place of Business
 3870 TAMPA RD
 STE D
 OLDSMAR, FL 34677 US

Mailing Address
 3870 TAMPA RD
 STE D
 OLDSMAR, FL 34677 US

24003794

2. Principal Place of Business
 105 DUNBAR AVE
 Suite, Apt. #, etc.
 SUITE D
 City & State
 OLDSMAR FL
 Zip Country
 34677

3. Mailing Address
 105 DUNBAR AVE
 Suite, Apt. #, etc.
 SUITE D
 City & State
 OLDSMAR FL
 Zip Country
 34677



01072004 Chg-NP CR2E037 (10/03)

4. FEI Number
 59-3416552

5. Certificate of Status Desired \$8.75 Additional Fee Required..

6. Name and Address of Current Registered Agent
 BLEAKLEY, DALE E
 3870 TAMPA ROAD STE D
 OLDSMAR, FL 34677

7. Name and Address of New Registered Agent
 Name DALE E. BLEAKLEY
 Street Address (P.O. Box Number is Not Acceptable)
 105 DUNBAR AVE
 SUITE D
 City OLDSMAR FL Zip Code 34677

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 DALE E BLEAKLEY DATE _____

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

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BLEAKLEY, DALE E 3870 TAMPA RD, STE D OLDSMAR, FL 34677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 105 DUNBAR AVE, STE D OLDSMAR FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BLEAKLEY, KENT A P O BOX 1781 N/A WHITE SALMON, WA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLEAKLEY, BARBARA PO BOX 1781 WHITE SALMON, WA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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 exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: Dale E Bleakley **DALE E. BLEAKLEY** 1-21-04 813-855-5704

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #