



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90303 013 ****61.25

DOCUMENT # N96000005796 1. Entity Name CYPRESS LAKES BUSINESS PARK PROPERTY OWNERS ASSOCIATION II, INC.					
Principal Place of Business 105 DUNBAR AVE. STE D OLDSMAR, FL 34677 US			Mailing Address 105 DUNBAR AVE. STE D OLDSMAR, FL 34677 US		
2. Principal Place of Business 3870 Tampa Rd Suite, Apt. #, etc. Ste E		3. Mailing Address 3870 Tampa Rd Suite, Apt. #, etc. Ste E			
City & State Oldsmar FL		City & State Oldsmar FL		4. FEI Number 59-3416552	
Zip 34677		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLEAKLEY, DALE E 105 DUNBAR AVE STE D OLDSMAR, FL 34677				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3870 Tampa Road Suite E 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 105 DUNBAR AVE. STE D OLDSMAR, FL 34677	<input type="checkbox"/> Delete			
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	D BLEAKLEY, BARBARA PO BOX 1781 WHITE SALMON, WA	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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: <u>Dale E Bleakley</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Dale E Bleakley President		4-15-05 813-855-5704 <small>Date Daytime Phone #</small>	