2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N96000005796

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

Current Principal Place of Business:

1730 S PINELLAS AVE
SUITE N
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

Current Mailing Address:

1730 S PINELLAS AVE
SUITE N
TARPON SPRINGS, FL 34689 US

New Mailing Address:

FEI Number: 59-3416552 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WICKY, JERRY
SUNSTATE PROFESSIONAL ACCOUNTING
3063 ST. CLAIRE AVE
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BLEAKLEY, DALE E
Address: 1730 S PINELLAS AVD, SUITE N
City-St-Zip: TARPON SPRINGS, FL 34689

Title: DP ( ) Delete
Name: VERDI, VINCENT
Address: 250 PINE AVE N
City-St-Zip: OLDSMAR, FL 34677

Title: DST ( ) Delete
Name: SPYCHALA, MICHAEL
Address: 240 PINE AVENUE N
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: BLEAKLEY, DALE E
Address: 1730 S PINELLAS AVE, SUITE N
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D (X) Change ( ) Addition
Name: BLEAKLEY, KENT
Address: 1730 S PINELLAS AVE, SUITE N
City-St-Zip: TARPON SPRINGS, FL 34689

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DALE E. BLEAKLEY P 04/30/2009
Electronic Signature of Signing Officer or Director — Date