

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90019 021 \*\*\*\*61.25

**DOCUMENT # N01000003603**

1. Entity Name

**BROOKSIDE PROFESSIONAL PARK OWNERS  
ASSOCIATION, INC.**



Principal Place of Business

**16630 NORTH DALE MABRY HWY  
TAMPA FL 33618-1400**

Mailing Address

**16630 NORTH DALE MABRY HWY  
TAMPA FL 33618-1400**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3720693**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WESTFALL, JOHN  
3040 W BEARSS AVE  
TAMPA FL 33618**

7. Name and Address of New Registered Agent

Name **JOHN WESTFALL**

Street Address (P.O. Box Number is Not Acceptable)

**16630 N. Dale Mabry Highway**

City

**Tampa**

**FL**

Zip Code

**33618-1400**

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

Signature of Registered Agent (NOTE: Registered Agent signature required when reinstating)

DATE

**2/16/04**

**FILE NOW: 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

TITLE **DPST** ☐ Delete  
NAME **WESTFALL, JOHN W**  
STREET ADDRESS **3040 W BEARSS AVE**  
CITY-ST-ZIP **TAMPA FL 33618**

TITLE **VD** ☐ Delete  
NAME **WESTFALL, CAROL**  
STREET ADDRESS **3040 W BEARSS AVE**  
CITY-ST-ZIP **TAMPA FL 33618**

TITLE **D** ☐ Delete  
NAME **MYERS, STEVEN L**  
STREET ADDRESS **115 BEARSS AVE**  
CITY-ST-ZIP **TAMPA FL 33613**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DPST** ☒ Change ☐ Addition  
NAME **Westfall, John W**  
STREET ADDRESS **16630 N. Dale Mabry Highway**  
CITY-ST-ZIP **Tampa, FL 33618-1400**

TITLE **VD** ☒ Change ☐ Addition  
NAME **Westfall, Carol**  
STREET ADDRESS **16630 N. Dale Mabry Highway**  
CITY-ST-ZIP **Tampa, FL 33618-1400**

TITLE **D** ☒ Change ☐ Addition  
NAME **Myers, Steven L**  
STREET ADDRESS **13623 N. Florida Avenue**  
CITY-ST-ZIP **Tampa, FL 33613**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/16/04 (813) 962-6544**