

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

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		4. FEI Number 59-3720693	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WESTFALL, JOHN 16630 N. DALE MABRY HIGHWAY TAMPA, FL 33618				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. ☐		\$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	DPST	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	WESTFALL, JOHN W		NAME		
STREET ADDRESS	16630 N. DALE MABRY HIGHWAY		STREET ADDRESS		
CITY - ST - ZIP	TAMPA, FL 33618		CITY - ST - ZIP		
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	WESTFALL, CAROL		NAME		
STREET ADDRESS	16630 N. DALE MABRY HIGHWAY		STREET ADDRESS		
CITY - ST - ZIP	TAMPA, FL 33618		CITY - ST - ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MYERS, STEVEN L		NAME		
STREET ADDRESS	13623 N. FLORIDA AVENUE		STREET ADDRESS		
CITY - ST - ZIP	TAMPA, FL 33613		CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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 JOHN WESTFALL			Date 4/6/05 Daytime Phone # (813) 962-6544		