2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N01000003603



1. Entity Name BROOKSIDE PROFESSIONAL PARK OWNERS ASSOCIATION, INC.											
Principal Place of Business 16630 NORTH DALE MABRY HWY TAMPA, FL 33618-1400		166	Mailing Address 16630 NORTH DALE MABRY HWY TAMPA, FL 33618-1400)06632			WII 54 BA 4 BA
	N (0)		N A								
2. Principal P	Mace of Business - No P.O. Box #	3. Ma	illing Address				3 II II II II II II II II II II I		H 823)) BBIH 82183	ILIAU BAHA BUHBU K	
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.				03302007	Chg-NP	CR2E037 (12/06)		
- City & State	0	C	City & State				4. FEI Numbe 59-3720	0693		3 	oplied For ot Applicable
., Zip	Country	Zi	ip	Cou	untry			of Status Desire	ed 🗆	\$8.75 Add	ditional
	6. Name and Address of Cur	rent Register	red Agent		1		7. Name and	Address of Ne	w Realstered	•	
					Name						
	DÅLE MABRY HIGHWAY				Street Ad	ddress (F	P.O. Box Numbe	r is Not Accept	table)		
TAMPA, FI	L 33618										
					City				F	Zip Cod	e
	named entity submits this stateme	ent for the purp	pose of changing its	register	ed office or i	register	ed agent, or bot	h, in the State o	of Florida. I an	n familiar with,	and accept
	named entity submits this statemetions of registered agent.	ent for the purp	pose of changing its	register	ed office or i	register	ed agent, or bot	h, in the State o	of Florida. I an	n familiar with,	and accept
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the obligati	tions of registered agent.			E: Registere	d Agent signatur	-		e	DATE	ck payable t	
the obligati	Signature, typed or printed name of registered	agent and title if ap	9. Election Car Trust Fund (E: Registere npaign F Contribut	d Agent signatur	are required	when reinstating) \$5.00 May B Added to Fees	9	DATE Make che Florida Depa	ck payable t	co tate
the obligati	Signature, typed or printed name of registered Filling Fee is \$61.25 Due by May 1, 2007	agent and title if ap	9. Election Car Trust Fund (E: Registere	d Agent signatur	are required	when reinstating) \$5.00 May B	9	DATE Make che Florida Depa	ck payable t	o tate
SIGNATURE . 10. TITLE NAME	Signature, typed or printed name of registered Filling Fee is \$61.25 Due by May 1, 2007 OFFICERS ANI DPST WESTFALL, JOHN W	egent and title if ap	9. Election Car Trust Fund (E: Registere npaign F Contribut 11. IIII,	d Agent signatur Financing ion, [are required	when reinstating) \$5.00 May B Added to Fees	9	DATE Make che Florida Depa	ck payable turtment of S	o tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as it 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.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813) 962-6544

FILED Apr 18, 2007 8:00 am Secretary of State

04-18-2007 90152 049 ****61.25

Daytime Phone #