## 2008 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

DOCUMENT # N01000003603 BROOKSIDE PROFESSIONAL PARK OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

16630 NORTH DALE MABRY HWY TAMPA, FL 33618-1400		16630 NORTH DALE MABRY HWY TAMPA, FL 33618-1400		(100)1190 011 00191		IEE IIIIE EIIII PEIEE	)((*) <b>::</b>   <b>*</b> ) ( <b>10</b> ]	
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address	<u> </u>		The state of the s			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02132008 C	hg-NP CR2	E037 (12/06)		
City & State		City & State		4. FEI Number 59-372069	3		pplied For lot Applicable	
Zìp	Country	Zip	Country	5. Certificate of St		\$8.75 Ad Fee Require		
	6. Name and Address of Curren	t Registered Agent		7. Name and Add	ress of New Register	ed Agent		
NATEGERAL	1 101111		Name					
WESTFALL, JOHN 16630 N. DALE MABRY HIGHWAY TAMPA, FL 33618		Street Addre		ddress (P.O. Box Number is I	ss (P.O. Box Number is Not Acceptable)			
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			City		F	Zip Cod	de	
	e named entity submits this statement f	or the purpose of changing its	registered office or	registered agent, or both, in	the State of Florida. I	am familiar with	, and accept	
the obligat	tions of registered agent.							
SIGNATURE	Stonature, typed or printed name of registered agen	at and tale if applicable (NOTE	; Registered Agent signali	ure required when reinstalling)	DA	Τ <b>Ē</b>		
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Carr Trust Fund C	npaign Financing contribution.	\$5.00 May Be Added to Fees		eck payable to partment of S		
10.								
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANGE	ES TO OFFICERS AND	DIRECTORS (	V 10	
THEE	OFFICERS AND D	IRECTORS Delete	11. TITLE	ADDITIONS/CHANGE	ES TO OFFICERS AND	DIRECTORS II  Change		
	4600			PD Rosario, Juan				
THE	DPST WESTFALL, JOHN W	<b>X</b> Ωelete	TITLE	PD Rosario, Juan 7730 Waters Aven	ue			
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12. Thereby 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 if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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 garaddress, with all other like propowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED

1962-6544 Daytime Phone # Date

**FILED** 

Mar 21, 2008 8:00 am Secretary of State

03-21-2008 90020 046 \*\*\*\*61.25

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