2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003603

Title:

Name: Address:

City-St-Zip:

() Delete

SHAMEHDI, LAURIE

7720 WATERS AVE

TAMPA, FL 33615

FILED Mar 20, 2009 Secretary of State

Entity Name: BROOKSIDE PROFESSIONAL PARK OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 16630 NORTH DALE MABRY HWY TAMPA, FL 336181400 **Current Mailing Address: New Mailing Address:** 16630 NORTH DALE MABRY HWY TAMPA, FL 336181400 FEI Number: 59-3720693 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WESTFALL, JOHN 16630 N. DÁLE MABRY HIGHWAY TAMPA, FL 33618 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete ROSARIO, JUAN Name: Name: Address: 7730 WATERS AVE Address: City-St-Zip: TAMPA, FL 33615 City-St-Zip: Title: STD () Delete Title: (X) Change () Addition Name: ALVAREZ, LUZ Name: ALVAREZ, LUZ Address: 7710-12 WATERS AVE Address: 7710-12 WATERS AVE City-St-Zip: TAMPA, FL 33615 City-St-Zip: TAMPA, FL 33615

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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: LAURIE SHAMEHDI SD 03/20/2009

(X) Change () Addition

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