2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

04-26-2005 90137 030 ****61 25 DOCUMENT # N04000009910 SEVEN OAKS PROFESSIONAL PARK OWNERS ASSOCIATION, INC. THEOGOND Principal Place of Business Mailing Address 16630 N. DALE MABRY HWY. 16630 N. DALE MABRY HWY. TAMPA, FL 33618 TAMPA, FL 33618 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03072005 Chq-NP CR2E037 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable 54-216220 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WESTFALL, JOHN Street Address (P.O. Box Number is Not Acceptable) 16630 N. DÁLE MABRY HWY. **TAMPA, FL 33618** 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 Signature, typed or printed name of registered agent and title it applicable. DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to: Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11 TITLE TITLE ☐ Defete ■ Addition ☐ Change NAME WESTFALL, JOHN W NAME STREET ADDRESS 16630 N. DALE MABRY HWY. STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33618 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WESTFALL, CAROL NAME NAME 16630 N. DALE MABRY HWY. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33618 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition MYERS, STEVEN L NAME NAME STREET ADDRESS 13623 N. FLORIDA AVE. STREET ADDRESS CITY-ST-7IP TAMPA, FL 33613 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILLE Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS 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.

b

(813) 962-6544 Devirine Phone is

FILED

Apr 26, 2005 8:00 am Secretary of State

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _