


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

4/

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90179 025 \*\*\*\*61.25

<b>DOCUMENT # N05000011057</b>					
1. Entity Name CANTERBURY PROFESSIONAL PARK OWNERS ASSOCIATION, INC.					
Principal Place of Business 16630 N. DALE MABRY HIGHWAY TAMPA, FL 33618			Mailing Address 16630 N. DALE MABRY HIGHWAY TAMPA, FL 33618		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>55-0912717</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			\$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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PSTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MYERS, STEVEN L	NAME			
STREET ADDRESS	16630 N. DALE MABRY HIGHWAY	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33618	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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: <u>Carol A. Westfall</u>		CAROL A. WESTFALL		4/14/06 (813) 962-6544	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	



**ATTACHMENT**  
**Waterford Properties & Real Estate, Inc.**

16630 N Dale Mabry Hwy.  
Tampa, FL 33618-1400  
4174

66015261

Telephone: (813) 962-6544  
Fax: (813) 962-

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May 4, 2006

Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Please note that the FEI numbers have been entered in Block 4 for the following Corporations:

Canterbury Professional Park Owners Association, Inc., Reference Number N050000011057.

Covington Professional Park Owners Association, Inc. Reference Number: N05000006066.

Brookfield Professional Park Owners Association, Inc., Reference Number: N05000006067.

If you have any questions or need further information, please feel free to contact me at (813) 962-6544.

Sincerely,



Carol Westfall

CAW/caj