
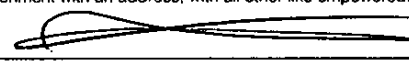


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

04-18-2007 90152 029 ****61.25

DOCUMENT # N05000011057						
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 - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	4. FEI Number 55-0912717 <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>	Applied For	Not Applicable
Applied For						
Not Applicable						
		5. Certificate of Status Desired <input type="checkbox"/>		04022007 Chg-NP CR2E037 (12/06) \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
Filing Fee is \$61.25 Due by May 1, 2007		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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MYERS, STEVEN L	NAME				
STREET ADDRESS	16630 N. DALE MABRY HIGHWAY	STREET ADDRESS	13623 N. Florida Avenue			
CITY-ST-ZIP	TAMPA, FL 33618	CITY-ST-ZIP	Tampa, Florida 33613			
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: 		4/4/07	(813) 962-6544			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #			
JOHN WESTFALL						