

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90019 045 ****61.25

DOCUMENT # N99000000981

1. Entity Name

**BEARSS POINTE 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**

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

65-0897571

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WESTFALL, JOHN
3040 W BEARSS AVE
TAMPA FL 33618**

7. Name and Address of New Registered Agent

Name **JOHN WESTFALL**
Street Address (P.O. Box Number is Not Acceptable)
16630 N. Dale Mabry Highway
City **Tampa** FL Zip Code **33618-1400**

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 of officer or director of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete
NAME **WESTFALL, JOHN W**
STREET ADDRESS **3040 W BEARSS AVE**
CITY-ST-ZIP **TAMPA FL 33618**

TITLE **VD** ☐ Delete
NAME **CAHN, DEVIN**
STREET ADDRESS **3032 W BEARSS AVE**
CITY-ST-ZIP **TAMPA FL 33618**

TITLE **D** ☐ Delete
NAME **WESTFALL, CAROL A**
STREET ADDRESS **3040 W. BEARSS AVE.**
CITY-ST-ZIP **TAMPA FL 33618**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PSTD** ☒ Change ☐ Addition
NAME **Westfall, John W**
STREET ADDRESS **16630 N. Dale Mabry Highway**
CITY-ST-ZIP **Tampa, FL 33618-1400**

TITLE **V** ☒ Change ☐ Addition
NAME **Cahn, Devin**
STREET ADDRESS **3032 W. Bearss Avenue**
CITY-ST-ZIP **Tampa, FL 33618**

TITLE **D** ☒ Change ☐ Addition
NAME **Westfall, Carol**
STREET ADDRESS **16630 N. Dale Mabry Highway**
CITY-ST-ZIP **Tampa, FL 33618-1400**

TITLE **D** ☐ Change ☒ Addition
NAME **Fechtel, Vincent Jay III**
STREET ADDRESS **3036 W. Bearss Avenue**
CITY-ST-ZIP **Tampa, FL 33618-1811**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/16/04 (813) 962-6544