

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000003603

**Entity Name:** BROOKSIDE PROFESSIONAL PARK OWNERS ASSOCIATION, INC.

**FILED**  
**Mar 11, 2013**  
**Secretary of State**  
**CC5144483601**

**Current Principal Place of Business:**

16630 NORTH DALE MABRY HWY  
TAMPA, FL 33618-1400

**Current Mailing Address:**

16630 NORTH DALE MABRY HWY  
TAMPA, FL 33618-1400

**FEI Number: 59-3720693**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WESTFALL, JOHN W.  
16630 N. DALE MABRY HIGHWAY  
TAMPA, FL 33618 US

*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: JOHN W. WESTFALL**

**03/11/2013**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	STD	Title	PD
Name	ALVAREZ, LUZ	Name	SHAMEHDI, LAURIE
Address	7710-12 WATERS AVE	Address	461 CRESTA CIRCLE
City-State-Zip:	TAMPA FL 33615	City-State-Zip:	WEST PALM BEACH FL 33413

*I hereby 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 all other like empowered.*

**SIGNATURE: LAURIE SHAMEHDI**

**PD**

**03/11/2013**

Electronic Signature of Signing Officer/Director Detail

Date