

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

DOCUMENT# N04000009910

**FILED**  
**Feb 26, 2013**  
**Secretary of State**  
**CC3359652221**

**Entity Name:** SEVEN OAKS PROFESSIONAL PARK OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

16630 N. DALE MABRY HWY.  
TAMPA, FL 33618-1400

**Current Mailing Address:**

16630 N. DALE MABRY HWY.  
TAMPA, FL 33618-1400

**FEI Number: 54-2162201**

**Certificate of Status Desired: No**

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

WESTFALL, JOHN  
16630 N. DALE MABRY HWY.  
TAMPA, FL 33618-1400 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name WESTFALL, JOHN  
Address 16630 N. DALE MABRY HWY.  
City-State-Zip: TAMPA FL 33618-1400

Title TD  
Name HAND, DENNIS  
Address 11820 URADCO PLACE #105  
City-State-Zip: SAN ANTONIO FL 33576

Title SD  
Name SORIANO, RICK  
Address P.O. BOX 2449  
City-State-Zip: SAINT LEO FL 33574

*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: JOHN WESTFALL**

**PD**

**02/26/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date