

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000000981

**Entity Name:** BEARSS POINTE PROFESSIONAL PARK OWNERS ASSOCIATION, INC.

**FILED**  
**Jan 31, 2018**  
**Secretary of State**  
**CC1069133677**

**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: 65-0897571**

**Certificate of Status Desired: No**

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

WESTFALL, JOHN  
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:

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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

Title VD  
Name CAHN, DEVIN  
Address 3032 W BEARSS AVE  
City-State-Zip: TAMPA FL 33618

Title STD  
Name SWAFFORD, RANDALL  
Address 3046 W. BEARSS AVENUE  
City-State-Zip: TAMPA FL 33618

*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 W. WESTFALL

PD

01/31/2018

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

\_\_\_\_\_  
Date