

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2008 8:00 am**  
**Secretary of State**

03-21-2008 90021 040 \*\*\*\*61.25

**DOCUMENT # N00000000777**

1. Entity Name  
**UNIVERSITY LAKES PROFESSIONAL PARK OWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**16630 NORTH DALE MABRY HWY  
TAMPA, FL 33618-1400**

Mailing Address  
**16630 NORTH DALE MABRY HWY  
TAMPA, FL 33618-1400**

**40049711**



01082008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3629028**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
CHOWDHARI, SHAIKAT  
14501 BRUCE B DOWNS BLVD  
TAMPA, FL 33613**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
NORDSTROM, STEPHEN L  
14511 BRUCE B DOWNS BLVD  
TAMPA, FL 33618**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
CHEN, ALFONSO DR  
14505 BRUCE B DOWNS  
TAMPA, FL 33613**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Alfonso Chen*  
**ALFONSO CHEN**

Date

Daytime Phone #

**3/3/08 (813) 962-6544**