

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000000777

**FILED**  
**Mar 12, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

16630 NORTH DALE MABRY HWY  
TAMPA, FL 336181400

**New Principal Place of Business:**

**Current Mailing Address:**

16630 NORTH DALE MABRY HWY  
TAMPA, FL 336181400

**New Mailing Address:**

**FEI Number:** 59-3629028

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CHOWDHARI, SHAUKAT  
Address: 14501 BRUCE B DOWNS BLVD  
City-St-Zip: TAMPA, FL 33613

Title: STD  
Name: NORDSTROM, STEPHEN L  
Address: 14511 BRUCE B DOWNS BLVD  
City-St-Zip: TAMPA, FL 33618

Title: VD  
Name: CHEN, ALFONSO DR  
Address: 14505 BRUCE B DOWNS  
City-St-Zip: TAMPA, FL 33613

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: SHAUKAT CHOWDHARI

PD

03/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date