

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90152 018 ****61.25

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04022007 Chg-NP CR2E037 (12/06)

DOCUMENT # N00000000778 1. Entity Name WESTBROOK 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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-3629032	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WESTFALL, JOHN 16630 N. DALE MABRY HWY. TAMPA, FL 33618				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD BURBANO, CHERYL M 28943 SR 54 WESLEY CHAPEL, FL 33543		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BOWLES, JAMES 9323 CYPRESS BEND DR TAMPA, FL 33647		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LYONS, JAMES 28947 SR 54 WESLEY CHAPEL, FL 335434219		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP
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: <u>Cheryl M. Burbano</u> 4/9/07 (813) 962-6544 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>					

CHERYL BURBANO