


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

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

03-21-2008 90021 037 \*\*\*\*61.25

<b>DOCUMENT # N00000000778</b> 1. Entity Name WESTBROOK PROFESSIONAL PARK OWNERS ASSOCIATION, INC.	
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Principal Place of Business 16630 NORTH DALE MABRY HWY TAMPA, FL 33618-1400	Mailing Address 16630 NORTH DALE MABRY HWY TAMPA, FL 33618-1400
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**DO NOT WRITE IN THIS SPACE**



01082008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-3629032	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  WESTFALL, JOHN 16630 N. DALE MABRY HWY. TAMPA, FL 33618
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BURBANO, CHERYL M 28943 SR 54 WESLEY CHAPEL, FL 33543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOWLES, JAMES 9323 CYPRESS BEND DR TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYONS, JAMES 28947 SR 54 WESLEY CHAPEL, FL 335434219
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:** *James Bowles* **SECR.** 3/3/08 813-962-6544  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #