

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-18-2007 90152 042 ****61.25

DOCUMENT # N00000006947

1. Entity Name
KEYSTONE 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**

40066555



2. Principal Place of Business - No P.O. Box #
 3. Mailing Address

Suite, Apt. #, etc.
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country
 Zip
 Country

04022007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3694197

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WESTFALL, JOHN 16630 N DALE MABRY HWY. TAMPA, FL 33618-1400		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$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	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLEMAN, DANNY			NAME			
STREET ADDRESS	9426 LAZY LANE STE 105			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33614			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SANDERFORD, RON			NAME			
STREET ADDRESS	3903 NORTHDAL BLVD., STE 250-E			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33624			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEISMAN, ROBERT			NAME			
STREET ADDRESS	8307 GUNN HWY			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33626			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WESTFALL, JOHN W			NAME			
STREET ADDRESS	16630 N DALE MABRY HWY.			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 336181400			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/4/07**

Daytime Phone #: **(813) 962-6544**

JOHN WESTFALL