

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006947

FILED
Mar 17, 2009
Secretary of State

Entity Name: KEYSTONE PROFESSIONAL PARK OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

16630 NORTH DALE MABRY HWY
TAMPA, FL 336181400

New Principal Place of Business:

16630 NORTH DALE MABRY HWY
TAMPA, FL 336181400 US

Current Mailing Address:

16630 NORTH DALE MABRY HWY
TAMPA, FL 336181400

New Mailing Address:

16630 NORTH DALE MABRY HWY
TAMPA, FL 336181400 US

FEI Number: 59-3694197

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 HWY.
TAMPA, FL 336181400 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: SD () Delete
Name: COLEMAN, DANNY
Address: 9426 LAZY LANE STE 105
City-St-Zip: TAMPA, FL 33614

Title: TD () Delete
Name: SANDERFORD, RON
Address: 3903 NORTHDAL BLVD., STE 250-E
City-St-Zip: TAMPA, FL 33624

Title: VD () Delete
Name: WEISMAN, ROBERT
Address: 8307 GUNN HWY
City-St-Zip: TAMPA, FL 33626

Title: PD (X) Delete
Name: SORRELL, DAVID
Address: 8345 GUNN HWY
City-St-Zip: TAMPA, FL 336261608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: COLEMAN, DANNY
Address: 9426 LAZY LANE STE 105
City-St-Zip: TAMPA, FL 33614 US

Title: TD (X) Change () Addition
Name: SANDERFORD, RON
Address: 8315 GUNN HWY
City-St-Zip: TAMPA, FL 33626 US

Title: PD (X) Change () Addition
Name: SORRELL, DAVID
Address: 8345 GUNN HWY
City-St-Zip: TAMPA, FL 336261608 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID SORRELL

PD

03/17/2009

Electronic Signature of Signing Officer or Director

Date