

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

DOCUMENT# N01000003603

**FILED**  
**Mar 11, 2010**  
**Secretary of State**

**Entity Name:** BROOKSIDE 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:** 59-3720693

**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: VD  
Name: ROSARIO, JUAN  
Address: 7730 WATERS AVE  
City-St-Zip: TAMPA, FL 33615

Title: STD  
Name: ALVAREZ, LUZ  
Address: 7710-12 WATERS AVE  
City-St-Zip: TAMPA, FL 33615

Title: PD  
Name: SHAMEHDI, LAURIE  
Address: 7720 WATERS AVE  
City-St-Zip: TAMPA, FL 33615

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: LAURIE SHAMEHDI

PD

03/11/2010

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

\_\_\_\_\_  
Date