

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-21-2008 90020 008 ****61.25

DOCUMENT # N01000003889

1. Entity Name
**SOMERSET 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**

40049669



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

02142008

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-3725959

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WESTFALL, JOHN
16630 N. DALE MABRY HIGHWAY
TAMPA, FL 33618**

7. Name and Address of New Registered Agent

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, 2008**

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

TITLE PD
NAME WESTFALL, JOHN W ☐ Delete
STREET ADDRESS 16630 N. DALE MABRY HIGHWAY
CITY- ST- ZIP TAMPA, FL 33618

TITLE SD
NAME CERILLO, LOUIS ☐ Delete
STREET ADDRESS 15277 AMBERLY DRIVE
CITY- ST- ZIP TAMPA, FL 33647

TITLE TD
NAME BROWN, KENNETH ☐ Delete
STREET ADDRESS 15255 AMBERLY DR
CITY- ST- ZIP TAMPA, FL 33647

TITLE SD
NAME MATHEWS, RAYMOND ☒ Delete
STREET ADDRESS 15271-73 AMBERLY DRIVE
CITY- ST- ZIP TAMPA, FL 33647

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN W. WESTFALL, PRESIDENT

Date

Daytime Phone #

2/18/08

(813) 962-6544