


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-18-2007 90152 047 \*\*\*\*61.25

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| <b>DOCUMENT # N01000006105</b><br>1. Entity Name<br><b>CHATEAU PROFESSIONAL PARK OWNERS ASSOCIATION, INC.</b>  |  |   |   |   |  |
| Principal Place of Business<br><b>16630 NORTH DALE MABRY HWY<br/>TAMPA, FL 33618-1400</b>  |  |   | Mailing Address<br><b>16630 NORTH DALE MABRY HWY<br/>TAMPA, FL 33618-1400</b> |  |  |
| 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   | 4. FEI Number<br><b>59-3752052</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |   | Applied For<br>Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>WESTFALL, JOHN<br/>16630 N. DALE MABRY HIGHWAY<br/>TAMPA, FL 33618-1400</b>  |  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |   |   |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>   |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |  |   |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | PD<br>WESTFALL, JOHN W<br>16630 N. DALE MABRY HIGHWAY<br>TAMPA, FL 336181400 | <input type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | V<br>WESTER, MEREDITH<br>309 LUKE HOBBS ROAD<br>LUTZ, FL 33548               | <input type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>WESTER, CLINT<br>309 LK HOBBS RD<br>LUTZ, FL 33548                      | <input type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | STD<br>FERNANDEZ, ANDREA<br>19239 FISHERMAN'S BEND DR<br>LUTZ, FL 33548      | <input checked="" type="checkbox"/> Delete  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | STD<br>Frost, John E<br>18582 N. Dale Mabry Hwy.<br>Lutz, Florida 33548      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |   |  |  |
| 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. |  |   |   |  |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   |   |  |  |
| Date <span style="float: right;">Daytime Phone #</span>  |  |   |   |  |  |

JOHN WESTFALL

4/14/07 (813) 962-6544