

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

03-21-2008 90021 046 ****61.25

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1. Entity Name
**CHATEAU 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**

40049705



01082008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3752052

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 33618-1400**

**DO NOT WRITE
IN THIS SPACE**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WESTFALL, JOHN W
STREET ADDRESS 16630 N. DALE MABRY HIGHWAY
CITY - ST - ZIP TAMPA, FL 336181400

TITLE V
NAME WESTER, MEREDITH
STREET ADDRESS 309 LUKE HOBBS ROAD
CITY - ST - ZIP LUTZ, FL 33548

TITLE D
NAME WESTER, CLINT
STREET ADDRESS 309 LK HOBBS RD
CITY - ST - ZIP LUTZ, FL 33548

TITLE STD
NAME FROST, JOHN E
STREET ADDRESS 18582 N DALE MABRY HWY
CITY - ST - ZIP LUTZ, FL 33548

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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