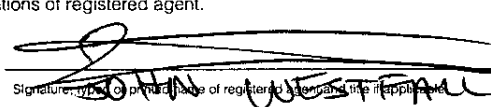
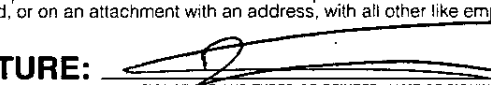


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90024 047 ****61.25

DOCUMENT # N02000000574 1. Entity Name BROOKSHIRE 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		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent WESTFALL, JOHN 3040 W. BEARSS AVE. TAMPA FL 33618				7. Name and Address of New Registered Agent Name: JOHN WESTFALL Street Address (P.O. Box Number is Not Acceptable) 16630 N. Dale Mabry Highway City: Tampa FL Zip Code: 33618-1400	
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 of principal place of registered office or registered agent, if applicable		DATE: 2/16/04 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WESTFALL, JOHN ☐ Delete 3040 W. BEARSS AVE. TAMPA FL 33618		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☒ Change ☐ Addition Westfall, John W 16630 N. Dale Mabry Highway Tampa, FL 33681-1400	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Delete WESTFALL, CAROL 3040 W. BEARSS AVE. TAMPA FL 33618		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ☐ Change ☒ Addition Carow, Jim 16590 N. Dale Mabry Highway Tampa, FL 33618-1325	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Delete MYERS, STEVEN L 115 BEARSS AVE. TAMPA FL 33613		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ☐ Change ☒ Addition Whitaker, Angela 16680 N. Dale Mabry Highway Tampa, FL 33618-1400	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Change ☒ Addition Vance, Frederick A. 16654 N. Dale Mabry Highway Tampa, FL 33618-1400	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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			DATE: 2/16/04 (813) 962-6544 Daytime Phone #		