2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# N02000002800

Entity Name: SEVEN SPRINGS 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: 04-3657342 **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: PD ( ) Delete
Name: LEWIS, JAMES
Address: 4101 LITTLE RD
City-St-Zip: NEW PORT RICHEY, FL 346551722

Title: VD ( ) Delete
Name: STONE, RICHARD
Address: 4115 LITTLE RD
City-St-Zip: NEW PORT RICHEY, FL 346551722

Title: STD ( ) Delete
Name: DILLINGER, JOSHUA
Address: 4111 LITTLE RD
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: FULTON, KEITH
Address: 4117 LITTLE RD
City-St-Zip: NEW PORT RICHEY, FL 346551722

Title: TD (X) Change ( ) Addition
Name: SCHULZ, R. MICHAEL
Address: 4107 LITTLE RD
City-St-Zip: NEW PORT RICHEY, FL 34655

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES LEWIS PD 03/31/2009

Electronic Signature of Signing Officer or Director — Date