

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

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

02-24-2004 90019 038 ****61.25

DOCUMENT # N02000008699

1. Entity Name

**ARBOR RIDGE PROFESSIONAL PARK OWNERS
ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**16630 NORTH DALE MABRY HWY
TAMPA FL 33618-1400**

**16630 NORTH DALE MABRY HWY
TAMPA FL 33618-1400**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

65-1161582

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WESTFALL, JOHN
3040 W. BEARSS AVE.
TAMPA FL 33618**

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, typed or printed name of registered agent (NOTE: Registered Agent signature required when reinstating)

DATE

**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 **PSTD** ☐ Delete
NAME **WESTFALL, JOHN W**
STREET ADDRESS **3040 W. BEARSS AVE.**
CITY-ST-ZIP **TAMPA FL 33618**

TITLE **PSTD** ☒ Change ☐ Addition
NAME **Westfall, John W**
STREET ADDRESS **16630 N. Dale Mabry Highway**
CITY-ST-ZIP **Tampa, FL 33618-1400**

TITLE **D** ☒ Delete
NAME **WESTFALL, CAROL**
STREET ADDRESS **3040 W. BEARSS AVE.**
CITY-ST-ZIP **TAMPA FL 33618**

TITLE **VD** ☐ Change ☒ Addition
NAME **Pioli, Larry**
STREET ADDRESS **7320 E Fletcher Avenue, Suite 167**
CITY-ST-ZIP **Tampa, FL 33637**

TITLE **D** ☒ Delete
NAME **MYERS, STEVEN L**
STREET ADDRESS **115 BEARSS AVE.**
CITY-ST-ZIP **TAMPA FL 33613**

TITLE **D** ☐ Change ☒ Addition
NAME **Oxendine, Robert**
STREET ADDRESS **6619 Stonington Drive**
CITY-ST-ZIP **Tampa, FL 33647**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 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

Daytime Phone #

2/16/04 (813) 962-6544