

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-21-2008 90021 039 ****61.25

DOCUMENT # N02000008699					
1. Entity Name ARBOR RIDGE 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1161582	
Zip		Country		Applied For Not Applicable	
Zip		Country		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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing ☐ \$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	VD REDMON, KATHLEEN 707 W FLETCHER TAMPA, FL 33612	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD COULTER, ERIC 14422 24 BRUCE B DOWNS BLVD TAMPA, FL 33613	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FLANAGAN, JOHN 14440-42 BRUCE B. DOWNS TAMPA, FL 336132612	☐ Delete			
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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					
Date				Daytime Phone #	

40093716



02132008 Chg-NP CR2E037 (12/06)

3-3-08 813-962-6544 Vice President