

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-21-2008 90021 048 \*\*\*\*61.25

**DOCUMENT # N02000008970**

1. Entity Name  
**GREYSTONE 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**

40049703



01082008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>51-0437282</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**WESTFALL, JOHN  
16630 N. DALE MABRY HWY  
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 \_\_\_\_\_ (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	PSTD
NAME	WESTFALL, JOHN W
STREET ADDRESS	16630 N. DALE MABRY HWY
CITY-ST-ZIP	TAMPA, FL 336181400

TITLE	D
NAME	WESTFALL, CAROL
STREET ADDRESS	16630 N. DALE MABRY HWY
CITY-ST-ZIP	TAMPA, FL 336181400

TITLE	D
NAME	MYERS, STEVEN L
STREET ADDRESS	13623 N. FLORIDA AVENUE
CITY-ST-ZIP	TAMPA, FL 33613

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

Date

Daytime Phone #

**CAROL A. WESTFALL**

*Carol A. Westfall* Director 2/18/08 962-6544