

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008970

FILED
Apr 15, 2009
Secretary of State

Entity Name: GREYSTONE PROFESSIONAL PARK OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

16630 NORTH DALE MABRY HWY
TAMPA, FL 336181400

New Principal Place of Business:

19021 NORTH DALE MABRY HWY
LUTZ, FL 335484982

Current Mailing Address:

16630 NORTH DALE MABRY HWY
TAMPA, FL 336181400

New Mailing Address:

19021 NORTH DALE MABRY HWY
LUTZ, FL 335484982

FEI Number: 51-0437282

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 HWY
TAMPA, FL 336181400 US

Name and Address of New Registered Agent:

SOTROP, JAMES
19021 NORTH DALE MABRY HWY
LUTZ, FL 335484982 US

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: JAMES SOTROP

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: WESTFALL, JOHN W
Address: 16630 N. DALE MABRY HWY
City-St-Zip: TAMPA, FL 336181400

Title: D () Delete
Name: WESTFALL, CAROL
Address: 16630 N. DALE MABRY HWY
City-St-Zip: TAMPA, FL 336181400

Title: D () Delete
Name: MYERS, STEVEN L
Address: 13623 N. FLORIDA AVENUE
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SOTROP, JAMES
Address: 19021 NORTH DALE MABRY HWY
City-St-Zip: LUTZ, FL 335484982

Title: SD (X) Change () Addition
Name: WHITING, BRUCE
Address: 19029-19031 NORTH DALE MABRY HWY
City-St-Zip: LUTZ, FL 335484982

Title: TD (X) Change () Addition
Name: DOYLE, JOHN
Address: 19005-19007 NORTH DALE MABRY HWY
City-St-Zip: LUTZ, FL 335484982

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 SOTROP

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date