

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

40054326

DOCUMENT # N02000008972

1. Entity Name  
OAKMONT 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WESTFALL, JOHN  
16630 N. DALE MABRY HIGHWAY  
TAMPA, FL 33618

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

40054326

01192006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
65-1165250

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Filing Fee is \$61.25  
Due by May 1, 2006

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
WESTFALL, JOHN W  
16630 N. DALE MABRY HIGHWAY  
TAMPA, FL 33618

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VD  
CHOWDHARI, SKAUKAT DR  
3210 COVE BEND DR  
TAMPA, FL 33613

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TD  
CORNELL, LINDA  
3268-78 COVE BEND DR  
TAMPA, FL 33613

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SD  
BAIG, MUJAHID JR  
3226 COVE BEND DR  
TAMPA, FL 33613

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
CHOWDHARI, SHKAUKAT  
14501-03 BRUCE B DOWNS BLVA.  
TAMPA, FL 33613-2789

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

T.D  
VINES, AMY  
3268 COVE BEND DRIVE  
TAMPA, FL 33613-2752

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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: SHKAUKAT CHOWDHARI 4/14/06 (813) 962-6544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #