

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-21-2008 90020 042 ****61.25

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**

40043000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02142008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-1165250

Applied For
Not Applicable

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**

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 re-registering)

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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME CHOWDHARI, SKAUKAT DR
STREET ADDRESS 14501-03 BRUCE B DOWNS BLVD
CITY-ST-ZIP TAMPA, FL 336132789

TITLE TD ☒ Delete
NAME CORNELL, LINDA
STREET ADDRESS 3268-78 COVE BEND DR
CITY-ST-ZIP TAMPA, FL 33613

TITLE SD ☐ Delete
NAME BAIG, MUJAHID JR
STREET ADDRESS 3226 COVE BEND DR
CITY-ST-ZIP TAMPA, FL 33613

TITLE TD ☐ Delete
NAME VINES, AMY
STREET ADDRESS 3268 COVE BEND DR
CITY-ST-ZIP TAMPA, FL 336132752

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition
NAME S Baig, Mujahid Jr.
STREET ADDRESS 3226 Cove Bend Drive
CITY-ST-ZIP Tampa, Florida 33613

TITLE ☐ Change ☒ Addition
NAME D White, Stanley
STREET ADDRESS 3204-06 Cove Bend Dr.
CITY-ST-ZIP Tampa, Florida 33613

TITLE ☐ Change ☐ Addition
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 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 #

TREAS.

2-29-08(8B)962-6544