2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# N02000008972

Entity Name: OAKMONT PROFESSIONAL PARK OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

16630 NORTH DALE MABRY HWY
TAMPA, FL 336181400

New Principal Place of Business:

16630 NORTH DALE MABRY HWY
TAMPA, FL 336181400 US

Current Mailing Address:

16630 NORTH DALE MABRY HWY
TAMPA, FL 336181400

New Mailing Address:

16630 NORTH DALE MABRY HWY
TAMPA, FL 336181400 US

FEI Number: 65-1165250 **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 HIGHWAY
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

WESTFALL, JOHN
16630 N. DALE MABRY HIGHWAY
TAMPA, FL 336181400 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: JOHN WESTFALL 03/17/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CHOWDHARI, SKAUKAT DR
Address: 14501-03 BRUCE B DOWNS BLVD
City-St-Zip: TAMPA, FL 336132789

Title: S ( ) Delete
Name: BAIG, MUJAHID JR
Address: 3226 COVE BEND DRIVE
City-St-Zip: TAMPA, FL 33613

Title: TD ( ) Delete
Name: VINES, AMY
Address: 3268 COVE BEND DR
City-St-Zip: TAMPA, FL 336132752

Title: D (X) Delete
Name: WHITE, STANLEY
Address: 3204-06 COVE BEND DR
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CHOWDHARI, SKAUKAT DR
Address: 14501-03 BRUCE B DOWNS BLVD
City-St-Zip: TAMPA, FL 336132789 US

Title: TD (X) Change ( ) Addition
Name: BAIG, MUJAHID JR
Address: 3226 COVE BEND DRIVE
City-St-Zip: TAMPA, FL 33613 US

Title: DS (X) Change ( ) Addition
Name: WHITE, STANLEY
Address: 3204-06 COVE BEND DR
City-St-Zip: TAMPA, FL 336132752 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: STANLEY WHITE DS 03/17/2009
Electronic Signature of Signing Officer or Director Date