
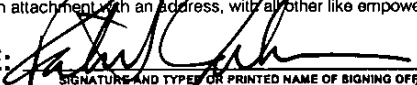


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90152 016 \*\*\*\*61.25

<b>DOCUMENT # N04000001302</b> 1. Entity Name <b>PENNINGTON PROFESSIONAL PARK OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>16630 N DALE MABRY HWY TAMPA, FL 33618-1400</b>			Mailing Address <b>16630 N DALE MABRY HWY TAMPA, FL 33618-1400</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>56-2442606</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WESTFALL, JOHN 16630 N DALE MABRY HWY TAMPA, FL 33618-1400</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PSTD <input checked="" type="checkbox"/> Delete		TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WESTFALL, JOHN W		NAME	Jachimek, Richard Dr.	
STREET ADDRESS	16630 N DALE MABRY HWY		STREET ADDRESS	5111 Ehrlich Road, Suite 120-129	
CITY - ST - ZIP	TAMPA, FL 336181400		CITY - ST - ZIP	Tampa, Florida 33624	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WESTFALL, CAROL		NAME	Johnson, Patrick	
STREET ADDRESS	16630 N DALE MABRY HWY		STREET ADDRESS	5111 Ehrlich Road, Suite 150-159	
CITY - ST - ZIP	TAMPA, FL 336181400		CITY - ST - ZIP	Tampa, Florida 33624	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MYERS, STEVEN L		NAME	Castro, Manny	
STREET ADDRESS	13623 N FLORIDA AVE		STREET ADDRESS	5111 Ehrlich Road, Suite 110-119	
CITY - ST - ZIP	TAMPA, FL 33613		CITY - ST - ZIP	Tampa, Florida 33624	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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.					
<b>SIGNATURE:</b> 			<b>Patrick Johnson</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4-5-07</b> (813) 962-6544		