2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State
04-18-2007 90152 008 ****61.25

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1. Entity Name
STONEWATER PROFESSIONAL PARK OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
16630 N. DALE MABRY HIGHWAY TAMPA, FL 33618-1400	16630 N. DALE MABRY HIGHWAY TAMPA, FL 33618-1400

04022007 Chg-NP CR2E037 (12/06)

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

4. FEI Number 56-2442600 ☐ 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 33618-1400

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

Filing Fee is $61.25
Due by May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD WESTFALL, JOHN W 16630 N. DALE MABRY HIGHWAY TAMPA, FL 336181400	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Sanford, Blain 15955 N. Florida Ave. Suite 101 Lutz, Florida 33549	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WESTFALL, CAROL 16630 N. DALE MABRY HIGHWAY TAMPA, FL 336181400	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Shah, Vrajes 4531 Cheval Blvd. Lutz, Florida 33558	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MYERS, STEVEN L 13623 N FLORIDA AVE TAMPA, FL 33613	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Sanford, Karen 15955 N. Florida Ave. Suite 101 Lutz, Florida 33549	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD McNeal, Chris 15957 N. Florida Ave. Lutz, Florida 33549	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: _____ 4/4/2007 (813) 962-6544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CHRIS MCNEAL