2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State
03-21-2008 90021 038 ****61.25

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

400457/3

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

01082008 No Chg-NP CR2E037 (4/06)

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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

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

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SANFORD, BLAIN
STREET ADDRESS	15955 N. FLORIDA AVE., SUITE 101
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	VD
NAME	SHAH, VRAJES
STREET ADDRESS	4531 CHEVAL BLVD.
CITY-ST-ZIP	LUTZ, FL 33558
TITLE	S
NAME	SANFORD, KAREN
STREET ADDRESS	15955 N. FLORIDA AVE., SUITE 101
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	TD
NAME	MCNEAL, CHRIS
STREET ADDRESS	15957 N. FLORIDA AVE
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ , TREAS. 3/3/08 (813) 962-6544 (813) 968-1081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CHRIS MCNEAL