2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001304

FILED Feb 21, 2009 Secretary of State

Entity Name: STONEWATER PROFESSIONAL PARK OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

16630 N. DALE MABRY HIGHWAY 15955 N FLORIDA AVE TAMPA, FL 336181400

101

LUTZ, FL 335498103 US

Current Mailing Address: New Mailing Address:

16630 N. DALE MABRY HIGHWAY 15955 N FLORIDA AVE TAMPA, FL 336181400

LUTZ, FL 335498103 US

FEI Number: 56-2442600 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

WESTFALL, JOHN SANFORD, BLAIN 16630 N. DÁLE MABRY HIGHWAY 15955 N FLORIDA AVE TAMPA, FL 336181400 US 101 LUTZ, FL 335498103 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: BLAIN SANFORD 02/21/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

SANFORD, BLAIN SANFORD, BLAIN Name: Name: 15955 N. FLORIDA AVE., SUITE 101 Address: 15955 N. FLORIDA AVE., SUITE 101 Address:

City-St-Zip: LUTZ, FL 33549 City-St-Zip: LUTZ, FL 335498103

Title: VD Title: () Delete () Change () Addition

SHAH, VRAJES Name: Name: Address: 4531 CHEVAL BLVD. Address: City-St-Zip: LUTZ, FL 33558 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

SANFORD, KAREN Name: SANFORD, KAREN Name:

15955 N. FLORIDA AVE., SUITE 101 15955 N. FLORIDA AVE., SUITE 101 Address: Address: City-St-Zip: LUTZ. FL 33549 City-St-Zip: LUTZ, FL 335498103

Title: TD () Change () Addition

() Delete Title: MCNEAL, CHRIS Name: Name: Address: 15957 N. FLORIDA AVE Address: City-St-Zip: LUTZ, FL 33549 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: BLAIN SANFORD **PRES** 02/21/2009