2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N04000009909

1. Entity Name
OAK RIDGE PROFESSIONAL PARK OWNERS
ASSOCIATION, INC.



					(CO 2017)		00000				
16630 N. DALE MABRY HWY.			Mailing Address 16630 N. DALE MABRY HWY. TAMPA, FL 33618					if Co lli Co ll i	17 0 1824 1847 1	## ## ## # ## #	
2. Principal P	tace of Business - No P.	failing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04022007	Chg-NP	CR2E037 (12/06)			
City & Stat	е	C	City & State				4. FEI Number Applied For 54-2162187 Not Applied For				
Zip	Zip Country		ip Countr		intry	5. Certificate	5. Certificate of Status Desired			S8.75 Additional Fee Required	
6. Name and Address of Current Registe			d Agent			7. Name and	7. Name and Address of New Registered Agent				
WESTFALL, JOHN 16630 N. DALE MABRY HWY. TAMPA, FL 33618					Street Address (P.O. Box Number is Not Acceptable)						
		City					FL	Zip Cod	8		
	named entity submits the ions of registered agent.		pose of changing its	register	ed office or re	gistered agent, or bot	h, in the State of Flo	orida. I am	familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name	of registered agent and title if a	oplicable. (NOTI	E: Registere	d Agent signature n	required when reinstating)		DATE			
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May B Added to Fees	\$5.00 May Be Added to Fees Make check payable to Florida Department of State					
10.	OFFI	CERS AND DIRECTOR	ORS 11.			ADDITIONS/CH/	ANGES TO OFFICE	RS AND DI	RECTORS IN	I 10	
INTE	PSTD	•	☐ Defete TITLE		E		☐ Change ☐ Addition				
NAME	WESTFALL, JOHN W		NAMI		E		_ , _			_	
STREET ADDRESS	TREET ADDRESS 16630 N. DALE MABRY HWY.		STRE		ET ADDRESS						
CITY-ST-ZIP	T-ZIP TAMPA, FL 33618		CITY		-ST-ZIP						
TITLE	D		☐ Delete	TITL	:				Change	Addition	
NAME	WESTFALL, CAROL	L	NAM		E					_	
STREET ADDRESS			STRE		ET ADDRESS						
CITY-ST-ZIP	TAMPA, FL 33618		CITY		-ST-ZIP						
TITLE	D		☐ Delete	TITL	E .				☐ Change	☐ Addition	
NAME	MYERS, STEVEN L			NAM	E						
STREET ADDRESS	13623 N. FLORIDA	AVE.		STRE	ET ADDRESS						
CITY-ST-ZIP	TAMPA, FL 33613			CITY	-ST-ZIP						
TITLE			☐ Delete	TITL					☐ Change	Addition	
NAME				NAM	E				-		
STREET ADDRESS				STR	ET ADDRESS						
CITY-ST-ZIP				CITY	-ST-ZIP						
TITLE			☐ Delete	TITL	Ε				☐ Change	Addition	
NAME			NAME		E						
STREET ADDRESS	STREET ADDRESS		STREET A		EET ADDRESS						
CITY-ST-ZIP				CITY	-ST-ZIP						
TITLE			☐ Delete	TITL	E				☐ Change	Addition	
NAME				NAM	E						
STREET ADDRESS					EET ADDRESS						
CITY-ST-ZIP					-ST-ZIP						
12. I hereby	certify that the informatio	n supplied with this filin	g does not qualify for	or the ex	emptions cont	tained in Chapter 119	, Florida Statutes. I	further cert	ify that the is	nformation	

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 eath; 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: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER-OR DIRECTOR 20 HW WESTFALL

(813) 962-6544 Daytime Phone #

FILED Apr 18, 2007 8:00 am Secretary of State 04-18-2007 90152 040 ****61.25