2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# N05000002545

Entity Name: WESTCHASE PROFESSIONAL CENTER OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

10923 COUNTRYWAY BLVD
TAMPA, FL 33626 US

New Principal Place of Business:

Current Mailing Address:

6105 N. FLORIDA
SUITE A
LUTZ, FL 33549

New Mailing Address:

16105 N. FLORIDA
SUITE A
LUTZ, FL 33549

FEI Number: 20-8752407 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEZNER, STEVEN H
1801 N. HIGH LAND
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WATERMAN, WILLIAM
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549 US

Title: V ( ) Delete
Name: MCEUAN, SCOTT
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549 US

Title: S ( ) Delete
Name: JACOBS, PAUL
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549 US

Title: T ( ) Delete
Name: CAULLEY, RICHARD
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WATERMAN, WILLIAM
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549 US

Title: VD (X) Change ( ) Addition
Name: MCEWAN, SCOTT
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549 US

Title: SD (X) Change ( ) Addition
Name: JACOBS, PAUL
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549 US

Title: TD (X) Change ( ) Addition
Name: CAULLEY, RICHARD
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549 US

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: WILLIAM WATERMAN PRES 03/12/2009

Electronic Signature of Signing Officer or Director — Date