


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90021 043 ****61.25

DOCUMENT # N05000006067

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



Principal Place of Business
 16630 N DALE MABRY HWY
 TAMPA, FL 33618

Mailing Address
 16630 N DALE MABRY HWY
 TAMPA, FL 33618

DO NOT WRITE IN THIS SPACE

40049700



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1255177	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WESTFALL, JOHN
 16630 N DALE MABRY HWY
 TAMPA, FL 33618

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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 NAME STREET ADDRESS CITY - ST - ZIP	DPST WESTFALL, JOHN W 16630 N DALE MABRY HWY TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WESTFALL, CAROL 16630 N DALE MABRY HWY TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MYERS, STEVEN L 13623 N FLORIDA AVE TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: Carol A. Westfall, Director 2/18/08 (813) 962-6544
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CAROL A. WESTFALL