

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

**FILED
Apr 18, 2007 8:00 am
Secretary of State**

04-18-2007 90152 033 ****61.25

DOCUMENT # N06000007670

1. Entity Name
**LAKE FERN PROFESSIONAL PARK OWNERS
ASSOCIATION, INC.**



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

Mailing Address
**16630 N DALE MABRY HIGHWAY
TAMPA, FL 33618**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04032007 Chg-NP CR2E037 (12/06)

4. FEI Number 03 - 0603498	Applied For
	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**WESTFALL, JOHN
16630 N DALE MABRY HIGHWAY
TAMPA, FL 33618**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DPST** Delete
NAME **WESTFALL, JOHN W**
STREET ADDRESS **16630 N DALE MABRY HIGHWAY**
CITY-ST-ZIP **TAMPA, FL 33618**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE **D** Delete
NAME **WESTFALL, CAROL**
STREET ADDRESS **16630 N DALE MABRY HIGHWAY**
CITY-ST-ZIP **TAMPA, FL 33618**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE **D** Delete
NAME **MYERS, STEVEN L**
STREET ADDRESS **13623 N FLORIDA AVE**
CITY-ST-ZIP **TAMPA, FL 33613**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/07 (813) 962-6544

Date

Daytime Phone #

JOHN WESTFALL