


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-18-2007 90152035***61.25
N06000007672

FILED

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000007672					
1. Entity Name WESLEY OAKS PROFESSIONAL PARK OWNERS ASSOCIATION, INC. <div style="text-align: center; margin-top: 10px;">OWNERS</div>					
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	4. FEI Number 51-0594525 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				7. Name and Address of New 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTFALL, JOHN W			NAME	
STREET ADDRESS	16630 N. DALE MABRY HIGHWAY			STREET ADDRESS	
CITY- ST- ZIP	TAMPA, FL 33618			CITY- ST- ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTFALL, CAROL			NAME	
STREET ADDRESS	16630 N. DALE MABRY HIGHWAY			STREET ADDRESS	
CITY- ST- ZIP	TAMPA, FL 33618			CITY- ST- ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, STEVEN L			NAME	
STREET ADDRESS	13623 N. FLORIDA AVENUE			STREET ADDRESS	
CITY- ST- ZIP	TAMPA, FL 33613			CITY- ST- ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <div style="text-align: center; font-size: 1.5em;">4/4/07</div>	
				(813) 962-6544 <small>Daytime Phone #</small>	