2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# N07000004331

Entity Name: WILSKY PROFESSIONAL PARK OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

16630 N. DALE MABRY HWY.
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

16630 N. DALE MABRY HWY.
TAMPA, FL 33618

New Mailing Address:

FEI Number: 36-4622385 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WESTFALL, JOHN W
16630 N. DALE MABRY HWY.
TAMPA, FL 33618 US

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: JOHN W WESTFALL 03/16/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: WESTFALL, JOHN W
Address: 16630 N. DALE MABRY HWY.
City-St-Zip: TAMPA, FL 33618

Title: D ( ) Delete
Name: WESTFALL, CAROL
Address: 16630 N. DALE MABRY HWY.
City-St-Zip: TAMPA, FL 33618

Title: D ( ) Delete
Name: MYERS, STEVEN L
Address: 13623 N. FLORIDA AVE.
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: WESTFALL, CAROL A
Address: 16630 N. DALE MABRY HWY.
City-St-Zip: TAMPA, FL 33618

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOHN W WESTFALL PSTD 03/16/2009
Electronic Signature of Signing Officer or Director Date