FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAY 18 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N96000005764

1. Corporation Name

GEORGETOWN PROFESSIONAL OFFICE PARK, SECTION 2, CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
101 E KENNEDY BLVD. SUITE 2800 TAMPA FL 33602	101 E KENNEDY BLVD. SUITE 2800 TAMPA FL 33602

04/23/99 90236 014 $61.25

2. Principal Place of Business 21 16110 N. Florida Ave.	2a. Mailing Address 26 P. O. BOx 822	3. Date Incorporated or Qualified 11/12/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 58-2385797 ☐ Applied For ☐ Not Applicable
City & State 23 Lutz, Florida	City & State 28 Lutz, Florida	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 33549 25 USA	Zip / Country 29 33548-0822 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DAMONE, MICHAEL G 101 E KENNEDY STE 2500 SHUMAKER, LOOP & KENDRICK BARNETT PLAZA TAMPA FL 33602	81 Name: John W. Westfall 82 Street Address (P.O. Box Number is Not Acceptable): 16110 N. Florida Avenue 83 84 City: Lutz FL 85 Zip Code: 33549

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [signature] John W. Westfall 5/6/99
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DAMONE, MICHAEL G 850 STEPHENSON HWY STE 200 TROY MI	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ANDREWS, DANIEL R 24800 DENSO DRIVE STE 1750 SOUTHFIELD MI 48034	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD DAMONE, MICHAEL J 850 STEPHENSON HWY, STE 200 TROY MI	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 5/6/99 (813) 962-6544
RE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #
John W. Westfall
Daniel R. Andrews DANIEL R. ANDREWS 5/20/99 248-683-6020