FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

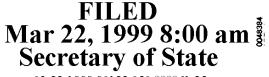
Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9800005480

1. Corporation Name

CARROLLWOOD GROVE PROFESSIONAL PARK ASSOCIATION,



03-22-1999 90122 050 ****61.25

Principal Place of Business 16110 NORTH FLORIDA AVE LUTZ FL 33549		16110 NORTH FLORIDA AVE LUTZ FL 33549			
2. Principal Pl	ace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed
21		26	.i]		09/21/1998
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. FEI Number Applied For
22		27			59-3536771 Not Applicable
City & State		City & State	City & State		5. Certificate of Status Desired
23		28	Count	 -	
Zip	Country	Zip 30	-	ıy	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
24	9. Name and Address of Current		<u> </u>		10. Name and Address of New Registered Agent
	S. Name and Address of Current	registered Agoin	8	1 Name	
WESTFALL, JOHN 16110 NORTH FLORIDA AVE			L		ddress (P.O. Box Number is Not Acceptable)
LUTZ FL 3		8	13		
	,		8	4 City	85 Zip Code
				1 1	FL
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 broad or printed agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
	Signature, typed or printed name of registered agent		13.	ent signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	PSTD OFFICERS AND	DELETE DELETE	1.1 TITLE	<u> </u>	☐ Change ☐ Addition
TITLE NAME	WESTFALL, JOHN W		1.2 NAM		_ , _
STREET ADDRESS	16110 NORTH FLORIDA AVE			EET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549		1.4 CITY		·
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WESTFALL, CAROL		2.2 NAM	E	
STREET ADDRESS	16110 NORTH-FLORIDA-AVE		2.3 STRE	EET ADDRESS	and the same of th
CITY-ST-ZIP	LUTZ FL 33549		2. 4 CITY	-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITL		☐ Change ☐ Addition
NAME	MYERS, STEVEN L		3.2 NAM	E	
STREET ADDRESS	115 W BEARSS AVE		3.3 STR	EET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33613			/-ST-ZIP	
TITLE		☐ DELETE	4.1 TITL	!	☐ Change ☐ Addition
NAME			4. 2 NAN	1	
STREET ADDRESS	<u>-</u>			EET ADDRESS	
CITY-ST-ZIP			4.4 CITY		☐ Change ☐ Addition
TITLE	_	☐ DELETE	5.1 TITLI 5.2 NAM		Chaige Againm
NAME	,			EET ADDRESS	
STREET ADDRESS			5.3 STR		
CITY-ST-ZIP		☐ DELETE	6.1 TITU		Change Addition
TITLE		☐ NETE IE	6.2 NAM		. Caranda Changai
NAME				EET ADORESS	
STREET ADDRESS			0.3 S i K	EE I ALKUKESS	•

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:

3/19/99 (813)962-6544