2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005480

FILED Mar 17, 2009 Secretary of State

Entity Name: CARROLLWOOD GROVE PROFESSIONAL PARK ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

16630 NORTH DALE MABRY HWY TAMPA, FL 336181400 US

Current Mailing Address: New Mailing Address:

16630 NORTH DALE MABRY HWY TAMPA, FL 336181400 US

FEI Number: 59-3536771 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WESTFALL, JOHN
16630 N. DALE MABRY HIGHWAY
TAMPA, FL 33618 US
WESTFALL, JOHN
16630 N. DALE MABRY HIGHWAY
TAMPA, FL 336181400 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 WESTFALL 03/17/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:PD() DeleteTitle:PD(X) Change () AdditionName:GREBENSCHIKOFF, JENNIFERName:GREBENSCHIKOFF, JENNIFERAddress:3403 W FLETCHER AVEAddress:3403 W FLETCHER AVECity-St-Zip:TAMPA, FL 33618City-St-Zip:TAMPA, FL 33618 US

 Title:
 VD
 () Delete
 Title:
 VD
 (X) Change () Addition

 Name:
 HAMILTON, ANDREW

Name:

 Address:
 3415 W FLETCHER AVE
 Address:
 3415 W FLETCHER AVE

 City-St-Zip:
 TAMPA, FL 336182813
 City-St-Zip:
 TAMPA, FL 336182813 US

Title: STD () Delete Title: STD (X) Change () Addition

 Name:
 QURAISHI, FARRUKH
 Name:
 QURAISHI, FARRUKH

 Address:
 3413 W. FLETCHER AVE
 Address:
 3413 W. FLETCHER AVE

 City-St-Zip:
 TAMPA, FL 33618
 City-St-Zip:
 TAMPA, FL 33618 US

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: JENNIFER GREBENSCHIKOFF PD 03/17/2009