

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90145 049 ****61.25

DOCUMENT # N99000000981 1. Entity Name BEARSS POINTE PROFESSIONAL PARK OWNERS ASSOCIATION, INC.					
Principal Place of Business 16630 NORTH DALE MABRY HWY TAMPA, FL 33618-1400				Mailing Address 16630 NORTH DALE MABRY HWY TAMPA, FL 33618-1400	
2. Principal Place of Business		3. Mailing Address		 03072005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0897571				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee Is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD WESTFALL, JOHN W 16630 N. DALE MABRY HIGHWAY TAMPA, FL 33618	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAHN, DEVIN 3032 W BEARSS AVE TAMPA, FL 33618	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESTFALL, CAROL A 16630 N. DALE MABRY HIGHWAY TAMPA, FL 33618	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FECHTEL, VICENT J III 3036 W. BEARSS AVENUE TAMPA, FL 33618	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
12. 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 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: _____ 4/6/05 (813) 962-6544 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					
JOHN WESTFALL					