

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002185

FILED  
Feb 09, 2009  
Secretary of State

**Entity Name:** OAK GROVE PROFESSIONAL PARK OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

16630 NORTH DALE MABRY HWY  
TAMPA, FL 336181400

**New Principal Place of Business:**

**Current Mailing Address:**

16630 NORTH DALE MABRY HWY  
TAMPA, FL 336181400

**New Mailing Address:**

**FEI Number:** 59-3572194

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REEDER, RICK  
3339 W BEARSS AVE  
TAMPA, FL 33618 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: REEDER, RICK  
Address: 3339 W. BEARSS AVE.  
City-St-Zip: TAMPA, FL 33618

Title: TD ( ) Delete  
Name: DILLON, RICHARD  
Address: 8321 W BEARSS AVE  
City-St-Zip: TAMPA, FL 33618

Title: SD ( ) Delete  
Name: COLEMAN, DANNY  
Address: 9426 LAZY LN, STE 105  
City-St-Zip: TAMPA, FL 33614

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: TD (X) Change ( ) Addition  
Name: DILLON, RICHARD  
Address: 3321 W BEARSS AVE  
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: RICK REEDER

P

02/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date