

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003985

FILED
Mar 16, 2009
Secretary of State

Entity Name: VILLAGE 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: 59-3586832

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WESTFALL, JOHN
16630 N. DALE MABRY HIGHWAY
TAMPA, FL 336181400 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: WESTFALL, JOHN W
Address: 16630 N. DALE MABRY HIGHWAY
City-St-Zip: TAMPA, FL 336181400

Title: STD () Delete
Name: DAVIDSON, MADELYN
Address: 13911 CARROLLWOOD VILLAGE RUN
City-St-Zip: TAMPA, FL 33624

Title: VD () Delete
Name: DAVIDSON, CHRIS
Address: 13911 CARROLLWOOD VILLAGE RUN
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JOHN W WESTFALL

PD

03/16/2009

Electronic Signature of Signing Officer or Director

Date