

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 26 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P9700000 9787**  
1. Corporation Name  
**Cambridge Professional Office Park  
Owners Association, Inc.**

Principal Place of Business Mailing Address  
**16110 N. Florida Avenue P. O. Box 822**  
**Lutz, FL 33549 Lutz, FL 33548**  
**US US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**1/27/97**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 <b>16110 N. Florida Avenue</b>		26 <b>P. O. Box 822</b>		65-0726899		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution		<input type="checkbox"/>	
23 <b>Lutz, Florida</b>		28 <b>Lutz, Florida</b>		8. This corporation owes or has paid the current year Intangible		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Country		Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
24 <b>33549</b>		25 <b>Hills.</b>		29 <b>33548</b>		30 <b>Hillsb.</b>	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name  
**John Westfall**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**16110 N. Florida Avenue**  
83  
84 City  
**Lutz** FL 85 Zip Code  
**33549**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		1.2 NAME		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
1.1 TITLE		1.2 NAME		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
2.1 TITLE		2.2 NAME		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
3.1 TITLE		3.2 NAME		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
4.1 TITLE		4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
5.1 TITLE		5.2 NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
6.1 TITLE		6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	

600002537200  
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\*\*\*150.00

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John W. Westfall 4/28/98 13-962-6544