

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000009737

1. Corporation Name

CAMBRIDGE PROFESSIONAL OFFICE PARK OWNERS ASSOCIATION, INC.

Principal Place of Business

16110 N. FLORIDA AVE
LUTZ FL 33549

Mailing Address

P.O. BOX 822
LUTZ FL 33548

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90049 019 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1997

4. FEI Number

65-0726899

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

WESTFALL, JOHN
16110 N. FLORIDA AVE
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME WESTFALL, JOHN
STREET ADDRESS 16110 N. FLORIDA AVE
CITY-ST-ZIP LUTZ FL 33549

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/S/T/D ☒ Change ☐ Addition

1.2 NAME Westfall, John W.
1.3 STREET ADDRESS 16110 N. Florida Ave.
1.4 CITY-ST-ZIP Lutz, FL 33549

2.1 TITLE VP/D ☐ Change ☒ Addition

2.2 NAME Bruce Anderson
2.3 STREET ADDRESS 719 W. Fletcher Ave.
2.4 CITY-ST-ZIP Tampa, FL 33612

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME Carol A. Westfall
3.3 STREET ADDRESS 16110 N. Florida Ave.
3.4 CITY-ST-ZIP Lutz, FL 33549

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

John Westfall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/99

Date

(813) 962-6544

Daytime Phone #

CR2E034 (1/98)