

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000001306

**Entity Name:** BRIDGEWATER PROFESSIONAL PARK OWNERS ASSOCIATION, INC.

**FILED**  
**Feb 19, 2016**  
**Secretary of State**  
**CC0072454471**

**Current Principal Place of Business:**

16630 N. DALE MABRY HIGHWAY  
TAMPA, FL 33618-1400

**Current Mailing Address:**

16630 N. DALE MABRY HIGHWAY  
TAMPA, FL 33618-1400 US

**FEI Number: 56-2442603**

**Certificate of Status Desired: No**

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

WESTFALL, JOHN W  
16630 N. DALE MABRY HIGHWAY  
TAMPA, FL 33618-1400 US

*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

**Officer/Director Detail :**

Title PD  
Name SORRELL, DAVID  
Address 8347 GUNN HWY  
City-State-Zip: TAMPA FL 33626

Title TD  
Name PILANT, RICHARD  
Address 1935 BAYOU GRAND BLVD NE  
City-State-Zip: SAINT PETERSBURG FL 33703

Title SD  
Name TERRONE, LINDA  
Address 19001 COUR ESTATES COURT  
City-State-Zip: LUTZ FL 33558

*I hereby 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 all other like empowered.*

**SIGNATURE: DAVID SORRELL**

**PD**

**02/19/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date