| 2020 TEORIDA NOTTORTROTTORTROTTORATION ANNOAE REFORT | | | | |
|--|--|--|--|--|
| | DOCUMENT# N0500006067 | | | |
| | Entity Name: BROOKFIELD PROFESSIONAL PARK OWNERS ASSOCIATION, INC. | | | |
| | Current Principal Place of Business: | | | |

2020 ELORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

16630 N DALE MABRY HWY TAMPA, FL 33618-1400

Current Mailing Address:

16630 N DALE MABRY HWY TAMPA, FL 33618-1400 US

FEI Number: 65-1255177

Name and Address of Current Registered Agent:

WESTFALL, JOHN W 16630 N DALE MABRY HWY TAMPA, FL 33618-1400 US Certificate of Status Desired: No

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

Officer/Director Detail :

| Title | DPST | Title | D |
|-----------------|------------------------|-----------------|------------------------|
| Name | WESTFALL, JOHN W | Name | WESTFALL, CAROL A |
| Address | 16630 N DALE MABRY HWY | Address | 16630 N DALE MABRY HWY |
| City-State-Zip: | TAMPA FL 33618-1400 | City-State-Zip: | TAMPA FL 33618-1400 |
| Title | D | | |
| Name | MYERS, STEVEN L | | |
| Address | 13623 N FLORIDA AVE | | |
| City-State-Zip: | TAMPA FL 33613 | | |

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.

DPST

Date

Electronic Signature of Signing Officer/Director Detail

Date

FILED Jan 27, 2020 Secretary of State 6846255355CC