

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000006067

**FILED**  
**Apr 25, 2024**  
**Secretary of State**  
**1437222518CC**

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

**Current Principal Place of Business:**

16642 N DALE MABRY HWY  
TAMPA, FL 33618-1400

**Current Mailing Address:**

16642 N DALE MABRY HWY  
TAMPA, FL 33618-1400 US

**FEI Number:** 65-1255177

**Certificate of Status Desired:** No

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

GLASS, JOHN  
16642 N DALE MABRY HWY  
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:** JOHN GLASS

04/25/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            COLEMAN, DANNY  
Address        9426 LAZY LANE  
                  105  
City-State-Zip: TAMPA FL 33614

Title            TREASURER  
Name            SCIOLI, ALLEN  
Address        7487 SWEETER TIDE TRAIL  
City-State-Zip: WESLEY CHAPEL FL 33618-1400

Title            SECRETARY  
Name            WILLIAMSON, RAY  
Address        PO BOX 191  
City-State-Zip: GOTHA FL 34734

*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:** DANNY COLEMAN

PRESIDENT

04/25/2024

Electronic Signature of Signing Officer/Director Detail

Date