

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

DOCUMENT# N05000006067

**FILED**  
**Jan 14, 2016**  
**Secretary of State**  
**CC5328590507**

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

**Current Principal Place of Business:**

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

**Certificate of Status Desired:** No

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

WESTFALL, JOHN W  
16630 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DPST  
Name WESTFALL, JOHN W  
Address 16630 N DALE MABRY HWY  
City-State-Zip: TAMPA FL 33618-1400

Title D  
Name WESTFALL, CAROL A  
Address 16630 N DALE MABRY HWY  
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.*

**SIGNATURE:** JOHN W. WESTFALL

DPST

01/14/2016

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

\_\_\_\_\_  
Date