


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90021 038 ****61.25

DOCUMENT # N04000001304

1. Entity Name
STONEWATER PROFESSIONAL PARK OWNERS ASSOCIATION, INC.




Principal Place of Business
**16630 N. DALE MABRY HIGHWAY
 TAMPA, FL 33618-1400**

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

DO NOT WRITE IN THIS SPACE

40049710



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 56-2442600	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANFORD, BLAIN 15955 N. FLORIDA AVE., SUITE 101 LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHAH, VRAJES 4531 CHEVAL BLVD. LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANFORD, KAREN 15955 N. FLORIDA AVE., SUITE 101 LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCNEAL, CHRIS 15957 N. FLORIDA AVE LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS MCNEAL , TREAS. 3/3/08 (813) 962-6544 (813) 962-1081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #