

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001304

FILED
Feb 21, 2009
Secretary of State

Entity Name: STONEWATER PROFESSIONAL PARK OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

16630 N. DALE MABRY HIGHWAY
TAMPA, FL 336181400

New Principal Place of Business:

15955 N FLORIDA AVE
101
LUTZ, FL 335498103 US

Current Mailing Address:

16630 N. DALE MABRY HIGHWAY
TAMPA, FL 336181400

New Mailing Address:

15955 N FLORIDA AVE
101
LUTZ, FL 335498103 US

FEI Number: 56-2442600

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WESTFALL, JOHN
16630 N. DALE MABRY HIGHWAY
TAMPA, FL 336181400 US

Name and Address of New Registered Agent:

SANFORD, BLAIN
15955 N FLORIDA AVE
101
LUTZ, FL 335498103 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: BLAIN SANFORD

02/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SANFORD, BLAIN
Address: 15955 N. FLORIDA AVE., SUITE 101
City-St-Zip: LUTZ, FL 33549

Title: VD () Delete
Name: SHAH, VRAJES
Address: 4531 CHEVAL BLVD.
City-St-Zip: LUTZ, FL 33558

Title: S () Delete
Name: SANFORD, KAREN
Address: 15955 N. FLORIDA AVE., SUITE 101
City-St-Zip: LUTZ, FL 33549

Title: TD () Delete
Name: MCNEAL, CHRIS
Address: 15957 N. FLORIDA AVE
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SANFORD, BLAIN
Address: 15955 N. FLORIDA AVE., SUITE 101
City-St-Zip: LUTZ, FL 335498103

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SANFORD, KAREN
Address: 15955 N. FLORIDA AVE., SUITE 101
City-St-Zip: LUTZ, FL 335498103

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BLAIN SANFORD

PRES

02/21/2009

Electronic Signature of Signing Officer or Director

Date