


FILED
Mar 31, 2006 8:00 am
Secretary of State

40041917

DOCUMENT # 758447				03-31-2006 90009 034 ****61.25	
1. Entity Name THE BRANDON PROFESSIONAL BUILDING CONDOMINIUM ASSOCIATION, INC.		Principal Place of Business 7001 TEMPLE TERRACE HWY TEMPLE TERRACE, FL 33637 US		Mailing Address 7001 TEMPLE TERRACE HWY TEMPLE TERRACE, FL 33637 US	
2. Principal Place of Business		3. Mailing Address		40041917	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02082006 Chg-NP CR2E037 (11/05)	
City & State		City & State		4. FEI Number 59-2195725	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LIEB, PATRICIA 420 W PLATT ST TAMPA, FL 33606				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDSON, FORREST		NAME		
STREET ADDRESS	500 VONDERBURG DRIVE		STREET ADDRESS		
CITY - ST - ZIP	BRANDON, FL		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, PAUL		NAME		
STREET ADDRESS	500 VONDERBURG DRIVE		STREET ADDRESS		
CITY - ST - ZIP	BRANDON, FL		CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	Sec/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILMER, DAVID		NAME		
STREET ADDRESS	500 VONDERBURG DR		STREET ADDRESS		
CITY - ST - ZIP	BRANDON, FL		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: _____ Paul Jones 3/5/06 (813) 980-1000					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					