2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002188



FILED Mar 10, 2003 8:00 am Secretary of State

ARBOR TERRACE PROFESSIONAL OFFICE PARK, CONDOMIN IUM ASSOCIATION, INC.				03-	03-10-2003 90734 029 ****61.25		
Principal Pla 3040 W BEAI TAMPA FL 33 US	• • • • • •	Mailing Address 3040 W BEARSS AVE TAMPA FL 33618 US		(+00)(0) 0(4 (4)(4)	(\$117 4811) 88111 88111 48111 88114 (1880) 11221	:8101 (24) (80)	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-	4. FEI Number 65-0912927 Applied For		
Zip Country Z		Zip	Zip Country		5. Certificate of Status Desired See Required Fee Required		
	6. Name and Address of Current F	legistered Agent		7. Name and Addre	ss of New Registered Agent		
W/EGTEA	LL, JOHN		Name				
	BEARSS AVE		Street Address ((P.O. Box Number is Not Acceptable)		
	FL 33618		-	· <u></u>		···	
			City		Zip Co	de	
8. The above	e named entity submits this statement for	the ourness of changing the					
SIGNATURE	Signature, typed or printed name of registered agent an FILE NOW: FEE IS \$61.25	9. Election Can	9. Election Campaign Financing \$5		\$5.00 May Be Make Check Payable to		
10.		Trust Fund C	Contribution.	Added to Fees			
	OFFICERS AND DIRE		ontribution.	Added to Fees	Florida Department of	State	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAYA, JULIO 6265 E FOWLER AVE TEMPLE TERRACE FL 33617			Added to Fees		State	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAYA, JULIO 6265 E FOWLER AVE TEMPLE TERRACE FL 33617 PD GONZALEZ, ENRICO G 6255 E FOWLER AVE TEMPLE TERRACE FL 33617	Delete	11. TITLE NAME STREET ADDRESS	Added to Fees	Florida Department of TO OFFICERS AND DIRECTORS II	State	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAYA, JULIO 6265 E FOWLER AVE TEMPLE TERRACE FL 33617 PD GONZALEZ, ENRICO G 6255 E FOWLER AVE TEMPLE TERRACE FL 33617 VD BUSTAMANTE, JOSE 6275 E FOWLER AVE TEMPLE TERRACE FL 33617	CTORS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees	Florida Department of TO OFFICERS AND DIRECTORS II Change	State N 10 Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME	SD MAYA, JULIO 6265 E FOWLER AVE TEMPLE TERRACE FL 33617 PD GONZALEZ, ENRICO G 6255 E FOWLER AVE TEMPLE TERRACE FL 33617 VD BUSTAMANTE, JOSE 6275 E FOWLER AVE	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees	Florida Department of TO OFFICERS AND DIRECTORS II Change	State N 10 Addition Addition	
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Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 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 packs I DENT

SIGNATURE:

(813) 980-6312