


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 770461**  
1. Entity Name  
**TAMPA BAY PROFESSIONAL BUILDING CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business <b>4543 S. MANHATTAN AVNEUE SUITE 102 TAMPA, FL 33611</b>	Mailing Address <b>4543 S. MANHATTAN AVNEUE SUITE 102 TAMPA, FL 33611</b>
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**DO NOT WRITE IN THIS SPACE**

01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2434583</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**DELUCIA, EUGENE R III  
4543 S. MANHATTAN AVE.  
SUITE 102  
TAMPA, FL 33611**

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IN THIS SPACE**

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, 2005**

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

000000219056  
02/08/05-80012-911-61-25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DELUCIA, EUGENE R. D 4543 S. MANHATTAN, STE. 102 TAMPA, FL 0,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAJASEKARAN, GENESAN M 4543 S. MANHATTAN, STE. 101 TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BENJAMIN, LE D 4543 S. MANHATTAN, STE. 104 TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAJSA, EVELYN 4543 S. MANHATTAN, STE. 103 TMAPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby 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 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:** *Eugene R. Delucia* **2-1-05** **813-837-2461**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #