

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 27, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # 770461**

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



Principal Place of Business  
**4543 S. MANHATTAN AVENUE  
SUITE 102  
TAMPA, FL 33611**

Mailing Address  
**4543 S. MANHATTAN AVENUE  
SUITE 102  
TAMPA, FL 33611**



04222006 No Chg-NP

CR2E037 (11/05)

4. FEI Number  
**59-2434583**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**5. Name and Address of Current Registered Agent**

**DELUCIA, EUGENE R III  
4543 S. MANHATTAN AVE.  
SUITE 102  
TAMPA, FL 33611**

**DO NOT WRITE  
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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

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  
**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

000000539487  
05/09/06-80102-002 150.00

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-24-06 813-831-8888**