

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N03000002997**

1. Entity Name  
**PRIMROSE OFFICE COMPLEX OWNERS ASSOCIATION, INC.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 FEB -6 AM 9:59

Principal Place of Business  
**3300 W VILA ROSA STREET  
TAMPA, FL 33611**

Mailing Address  
**3300 W VILA ROSA STREET  
TAMPA, FL 33611**



01102007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0935713**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

**DOBSON, PHILIP C  
3300 W VILA ROSA STREET  
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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

*[Handwritten Signature]*

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
DOBSON, PHILIP C  
3300 W VILA ROSA STREET  
TAMPA, FL 33611**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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02/08/07--01041--013 \*\*211.25

**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:**

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PHILIP C DOBSON**

Date

**1/29/7 813-751-5893**  
Daytime Phone #