


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90007 026 ****70.00

DOCUMENT # N03000007642					
1. Entity Name NORTH VILLAGE BUSINESS CENTER ASSOCIATION, INC.					
Principal Place of Business 8910 N. DALE MABRY, SUITE 36 TAMPA, FL 33614			Mailing Address 8910 N. DALE MABRY, SUITE 36 TAMPA, FL 33614		
2. Principal Place of Business		3. Mailing Address 16105 N FLORIDA AVE		04072004 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE A		4. FEI Number 20-0160266	
City & State		City & State LUTZ FL		Applied For Not Applicable	
Zip	Country	Zip 33549-6161	Country US	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOVINDARAJU, SANTOSH 8910 N. DALE MABRY, SUITE 36 TAMPA, FL 33614			7. Name and Address of New Registered Agent Name <u>WILLIAM C SPIVEY</u> Street Address (P.O. Box Number is Not Acceptable) <u>16105 N FLORIDA AVE SUITE A</u> City <u>LUTZ</u> FL Zip Code <u>33549</u>		
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 <u>[Signature]</u> <u>WILLIAM C SPIVEY</u>			DATE <u>5-19-04</u>		
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing <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 NAME STREET ADDRESS CITY-ST-ZIP	D KABARIA, HARSHA 13025 WHISPER SOUND DR. TAMPA, FL 33624	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 16105 N FLORIDA AVE STE A LUTZ FL 33549
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KABARIA, VIPUL 13025 WHISPER SOUND DR. TAMPA, FL 33624	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DONALSON, RON 16105 N FLORIDA AVE STE A LUTZ FL 33549
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOVINDARAJU, SANTOSH 8910 N. DALE MABRY, SUITE 36 TAMPA, FL 33614	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD 16105 N FLORIDA AVE STE A LUTZ FL 33549
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: <u>HN Kabaria</u> <u>HARSHA KABARIA</u> <u>5/19/04</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					