


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90044 007 \*\*\*\*61.25

DOCUMENT # N04000010626			
1. Entity Name BUENOS AIRES PROFESSIONAL PLAZA PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business 1020 LAKE SUMTER LANDING THE VILLAGES FL 32162		Mailing Address 1020 LAKE SUMTER LANDING THE VILLAGES FL 32162	
2. Principal Place of Business - No P.O. Box # 1400 U.S. Hwy. 441 N. Suite, Apt. #, etc. Suite 500 City & State The Villages, Florida Zip 32159 Country Sumter		3. Mailing Address 1400 U.S. Hwy. 441 N. Suite, Apt. #, etc. Suite 500 City & State The Villages, Florida Zip 32159 Country Sumter	
4. FEI Number 20-1875604		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <del>LAGENBRUNNER, ERICK D 1028 LAKE SUMTER LANDING THE VILLAGES FL 32162</del>		7. Name and Address of New Registered Agent Name Terry R. Upton Street Address (P.O. Box Number is Not Acceptable) 1400 U.S. Hwy. 441 N. Suite 500 City The Villages FL Zip Code 32159	
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>Terry R. Upton (Terry R. Upton)</u> DATE <u>March 19, 2008</u> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <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	PD UPTON, TERRY R 1020 LAKE SUMTER LANDING THE VILLAGES FL 32162 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Steven Rivers, m.d. 1503 Buenos Aires Blvd., Suite Bldg. 110 The Villages, Florida 32159 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEEPY, KATHLEEN 1020 LAKE SUMTER LANDING THE VILLAGES FL 32162 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Rakosh Rohatgi, m.d. 1503 Buenos Aires Blvd., Suite 140 The Villages, Florida 32159 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DZURO, MARTIN L 1020 LAKE SUMTER LANDING THE VILLAGES FL 32162 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Bart Blumberg, D. M. D. 1503 Buenos Aires Blvd., Bldg. 190 The Villages, Florida 32159 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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1st MOORE CR2E037 (10/07)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Steven Rivers 3/21/08 352-205-4302