

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001432

FILED
Apr 16, 2007
Secretary of State

Entity Name: BUSCH PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

218 E. BEARSS AVENUE
#409
TAMPA, FL 33613 US

New Principal Place of Business:

Current Mailing Address:

218 E. BEARSS AVENUE
#409
TAMPA, FL 33613 US

New Mailing Address:

FEI Number: 20-2372335

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCAGLIONE, RONALD E
218 E BEARSS AVENUE # 409
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCAGLIONE, RONALD E
Address: 218 E BEARSS AVENUE # 409
City-St-Zip: TAMPA, FL 33613 US

Title: VP () Delete
Name: CROUSE, CHARLES
Address: 2801 W. BUSCH BOULEVARD, 2ND FLOOR
City-St-Zip: TAMPA, FL 33618 US

Title: S/T () Delete
Name: KINGERY, MARK
Address: 2801 W BUSCH BOULEVARD - 2ND FLOOR
City-St-Zip: TAMPA, FL 33618 US

Title: D (X) Delete
Name: HOLDINGS, TIERRA LTD
Address: 218 EAST BEARS SOUTH AVE #209
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD E. SCAGLIONE

PRES

04/16/2007

Electronic Signature of Signing Officer or Director

Date