

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000001432

1. Entity Name
**BUSCH PROFESSIONAL CENTER CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**218 E. BEARSS AVENUE
#409
TAMPA, FL 33613 US**

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



02132008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2372335

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000834438

02/28/08-80053-009 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCAGLIONE, RONALD E
STREET ADDRESS	218 E BEARSS AVENUE # 409
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	VP
NAME	CROUSE, CHARLES
STREET ADDRESS	2801 W. BUSCH BOULEVARD, 2ND FLOOR
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	S/T
NAME	KINGERY, MARK
STREET ADDRESS	2801 W BUSCH BOULEVARD - 2ND FLOOR
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 changed, or on an attachment with an address, with all other like empowered.