

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000001432

**FILED**  
**Feb 15, 2011**  
**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  
Name: SCAGLIONE, RONALD E  
Address: 218 E BEARSS AVENUE # 409  
City-St-Zip: TAMPA, FL 33613 US

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

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

I hereby 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 all other like empowered.

SIGNATURE: RONALD E SCAGLIONE

P

02/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date