

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011747

FILED
Apr 28, 2009
Secretary of State

Entity Name: DELEON MEDICAL PROFESSIONAL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2835 W. DELEON STREET
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

% JACOB REAL ESTATE SERVICES, INC.
607 WEST BAY ST.
TAMPA, FL 33606

New Mailing Address:

FEI Number: 20-4677372

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOB, JAMES C
607 W. BAY STREET
TAMPA, FL 33606 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: PD () Delete
Name: RIVERA, JUAN DR
Address: 2835 W DELEON ST #101
City-St-Zip: TAMPA, FL 33609

Title: VD () Delete
Name: DORMOIS, JOHN DR
Address: 2835 W DELEON ST #104
City-St-Zip: TAMPA, FL 33609

Title: STD () Delete
Name: LEBER, KATHLEEN DR
Address: 2835 W DELEON ST #201
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: EGGLESTON, MICHAEL E
Address: 2835 DELEON STREET, SUITE 204
City-St-Zip: TAMPA, FL 33609

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 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: JAMES C. JACOB

RA

04/28/2009

Electronic Signature of Signing Officer or Director

Date