


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000012692	
1. Entity Name BALM PROFESSIONAL CENTER OWNERS ASSOCIATION, INC.	

Principal Place of Business 10760 BLOOMINGDALE AVE RIVERVIEW, FL 33569	Mailing Address 10760 BLOOMINGDALE AVE RIVERVIEW, FL 33569
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DO NOT WRITE IN THIS SPACE

04302008 No Chg-NP CR2E037 (4/06)

4. FEI Number 26-0158518	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

CARAPELLA, ALBERT
10760 BLOOMINGDALE AVE
RIVERVIEW, FL 33569

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renaming)

Filing 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
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10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CARAPELLA, ALBERT
STREET ADDRESS	10760 BLOOMINGDALE AVE
CITY-ST-ZIP	RIVERVIEW, FL-33569
TITLE	D
NAME	CARAPELLA, DAWN A
STREET ADDRESS	10760 BLOOMINGDALE AVE
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	D
NAME	HERRES, LAURA L
STREET ADDRESS	10760 BLOOMINGDALE AVE
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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05/30/08-80020-009 61425

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

SIGNATURE: Laura L Herres 4/30/08 (813) 661-7653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #