## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000004528

FILED Apr 24, 2009 Secretary of State

Entity Name: TILLMAN BUSINESS CENTER OWNERS ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Pla	New Principal Place of Business:	
3701 N NEBRASKA AVE 102 FAMPA, FL 33613		13701 N NEBRASK 102 TAMPA, FL 33613	• • •	
Current Mailing Address:		New Mailing Address:		
13701 N NEBRASKA AVE 102 FAMPA, FL 33613		16176 COLCHESTER PALMS DR TAMPA, FL 33647		
El Number	: 80-0183623	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
ame and	Address of C	urrent Registered Agent:	Name and Address	s of New Registered Agent:
	ONALD J	LMC DDIVE		
6176 COI AMPA, F he above	LCHESTER PA L 33647 US		purpose of changing its registe	ered office or registered agent, or both,
6176 COI AMPA, F he above	LCHESTER PA L 33647 US named entity s e of Florida.		purpose of changing its registe	ered office or registered agent, or both,
6176 COI AMPA, F he above i the State	LCHESTER PA L 33647 US named entity s e of Florida. RE:			ered office or registered agent, or both,  Date
6176 COI AMPA, F he above i the State	LCHESTER PA L 33647 US named entity s e of Florida. RE:	ubmits this statement for the c Signature of Registered Aç	ent	
6176 COI AMPA, F he above i the State IGNATUI	LCHESTER PA L 33647 US e named entity s e of Florida.  RE: Electron S AND DIRECT  DP () TESTA, DONALI	ubmits this statement for the c Signature of Registered Actor Cores:  Delete O J STER PALMS DRIVE	ent	Date
S176 COI AMPA, F the above the State IGNATUI FFICER: ttle: ame: ddress:	LCHESTER PAL 33647 US  a named entity set of Florida.  RE:  Electron  S AND DIRECT  DP () TESTA, DONALI 16176 COLCHE TAMPA, FL 336  DVS () TESTA, DINA	ubmits this statement for the c Signature of Registered Agrona Corner of Registered Agrona Corne of Re	ent  ADDITIONS/CHAN  Title: Name: Address:	Date NGES TO OFFICERS AND DIRECTOR

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: DONALD J TESTA DP 04/24/2009