

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90048 031 ****61.25

DOCUMENT #.N10278

1. Entity Name
**TOWN & COUNTRY PROFESSIONAL CENTER
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business
**6101 WEBB RD.
TAMPA, FL 33615**

Mailing Address
**P.O. BOX 2757
TAMPA, FL 33601-2157 US**

40016644



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2636247

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JACOB REAL ESTATE SERVICES INC
115 S. ALBANY AVE.
TAMPA, FL 33606**

7. Name and Address of New Registered Agent

Name **Jacob Real Estate Services, Inc.**
Street Address (P.O. Box Number is Not Acceptable)
607 W. Bay Street
Tampa, FL 33606
City **FL** Zip Code

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 **James C. Jacob, CCIM**

1/26/07

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, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **ROSE, JOEL M.D.**
STREET ADDRESS **6101 WEBB ROAD, #207**
CITY-ST-ZIP **TAMPA, FL 33615**

TITLE **D** ☐ Delete
NAME **BARRY, BILL MD**
STREET ADDRESS **6101 WEBB RD #303**
CITY-ST-ZIP **TAMPA, FL 33615**

TITLE **DS** ☒ Delete
NAME **RUGGERI, JOHN**
STREET ADDRESS **6001 WEBB RD**
CITY-ST-ZIP **TAMPA, FL 33615**

TITLE **OMD** ☐ Delete
NAME **FAN, YALI**
STREET ADDRESS **6101 WEBB RD #310**
CITY-ST-ZIP **TAMPA, FL 33615**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☒ Change ☐ Addition
NAME **Matesich, Mike**
STREET ADDRESS **6001 Webb Road**
CITY-ST-ZIP **Tampa, FL 33615**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/7 215-882-3331