

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10278

FILED
Apr 28, 2009
Secretary of State

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

Current Principal Place of Business:

6101 WEBB RD.
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2757
TAMPA, FL 336012157 US

New Mailing Address:

FEI Number: 59-2636247

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOB REAL ESTATE SERVICES INC
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: P () Delete
Name: ROSE, JOEL DO
Address: 6101 WEBB RD, STE. 207
City-St-Zip: TAMPA, FL 33615

Title: V () Delete
Name: GIRALDO, HERNAN MD
Address: 5101 WEBB RD, STE. 208
City-St-Zip: TAMPA, FL 33615

Title: S () Delete
Name: CORBO, CHRISTOPHER
Address: 6101 WEB RD, STE. 109
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: FAN, YALI
Address: 5905 WEBB RD
City-St-Zip: TAMPA, FL 33615

Title: T () Delete
Name: STEWART, TOM
Address: 6001 WEBB RD
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: MCKERNAN, PETER MD
Address: 6101 WEBB RD, STE. 211
City-St-Zip: TAMPA, FL 33615

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
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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