2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000001894

1. Entity Name
BUSCH LAKE PROFESSIONAL PARK OWNERS'
ASSOCIATION, INC.



ON	Apr 20, 2006 8:00 am Secretary of State
	04-20-2006 90178 013 ****61.25

FILED

						100	The state of the s						
Principal Place of Business 16630 NORTH DALE MABRY HWY TAMPA, FL 33618-1400		Mailing Address 16630 NORTH DALE MABRY HWY TAMPA, FL 33618-1400					0054337		PR 48118 18141 P4	11171 BI 1891			
Principal Place of Business 3. Mailing Address													
2. Thiopartiace of Business			,					(PIECINI SONI SONI SEN	ii marii datat ((c	E 81 1 1 1 1 1 2 1 5 1 1 7 1 1 1			
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.				01192006	Chg-NP	CR2E03	37 (11/05)			
City & State		City & State					4. FEI Numbe 59-351			_ 	plied For at Applicable		
Zip Country		Zip	Zip Cou				5. Certificate of Status Desired \$8.75 Additional Fee Required						
	6. Name	and Address of Current	Registere	ed Agent				7. Name and Address of New Registered Agent					
					Name								
WESTFAL		RY HWY		}			Street Address (P.O. Box Number is Not Acceptable)						
16630 N DAŁE MABRY HWY. TAMPA, FL 33618-1400													
					City				FL Zip Code				
8. The above	named entity	y submits this statement fo	or the purp	ose of changing its	registere	ed office o	r register	red agent, or bot	h, in the State of Flo		familiar with,	and accept	
the obligat	ions of regist	ered agent.											
SIGNATURE .		or printed name of registered agen	and title if and	Ecable (NOT)	F. Registere	d Agent eignet	re requirer	d when reinstating)		DATE			
	orginature, typeo	or printed have or registered ager				o Agon, aginti							
Filing Fee is \$61.25 9. Election Campaign Fin							_	\$5.00 May B	o ,		c payable t	I	
Due by May 1, 2006 Trust Fund Contribution					ion.		Added to Fees	Flor	ida Depar	tment of S	tate		
10.		OFFICERS AND DI	RECTORS	ORS 11.				ADDITIONS/CH	ANGES TO OFFICE	RS AND DI	RECTORS IN		
TITLE	PD			☐ Delete 11TL			4	10-1	ONVETT		Change	Addition	
NAME RECHEL, TED J			NAM			29	KAREN CROCKETT BLVD:			. 4			
STREET ADDRESS 2913 BUSCH LAKE BLVD. CITY-ST-ZIP TAMPA, FL 33614					ET ADDRESS - ST - ZIP	+10	MPA, FL 33614-1860						
TITLE				<u>-</u>			-2			- ,	☐ Change	Addition	
NAME	COHEN, ROBERT F			☐ Delete TITU			UBI	ID AC I FERNIANDEC				- Availabil	
STREET ADDRESS	, and the second					ET ADDRESS	39	AND BUSCH LAKE BLUD.					
City-St-Zip					CITY	-ST-ZIP	TA	MMPA, FL 33614-186			1860		
TITLE	D			☐ Delete ☐		E					☐ Change	☐ Addition	
NAME	AME LAYTON, PAT					Æ							
STREET ADDRESS						EET ADDRESS							
CITY-ST-ZIP	TAMPA, FL 33614			CI		-ST-ZIP	ļ						
TITLE	SD			☐ Delete	tπ⊔		ĺ				Change	☐ Addition	
NAME				NAA									
STREET ADDRESS CITY-ST-ZIP						EET ADORESS '-ST-ZIP							
	TAMPA, FL 33614						 -				□ Channa	Addition	
TITLE VD NAME CROW, CAROL J										☐ Change	☐ Vooriori i		
STREET ADDRESS 2902 BUSCH LAKE			NA Sti		EET ADORESS								
CITY-ST-ZIP TAMPA, FL 33614					-ST-ZIP	1							
TITLE	D		Delete	TITL	E					☐ Change	Addition		
NAME APODAÇA, ELEANOR			NAM							•			
STREET ADDRESS 2910 BUSCH LAKE			STRE										
CITY-ST-ZIP TAMPA, FL 33614				CITY-									
- 12 I borobu	cortific that th	a information eupplied wil	h this filias	does not qualify to	r the eve	emptions s	ontainer	d in Chapter 110	Florida Statutes 1	further cer	tify that the in	nformation	

Interestly certify that the information supplied with this filling 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. DARRYL

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/06

(813)962-6544

Daytime Phone #