
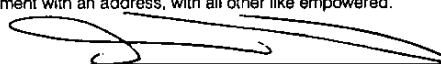


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90178 013 ****61.25

| | | | | | |
|--|---|--|---|---|---|
| DOCUMENT # N98000001894 1. Entity Name BUSCH LAKE PROFESSIONAL PARK OWNERS' ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 16630 NORTH DALE MABRY HWY TAMPA, FL 33618-1400 | | | Mailing Address 16630 NORTH DALE MABRY HWY TAMPA, FL 33618-1400 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 59-3510014 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent WESTFALL, JOHN 16630 N DALE MABRY HWY. TAMPA, FL 33618-1400 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD RECHEL, TED J 2913 BUSCH LAKE BLVD. TAMPA, FL 33614 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KAREN CROCKETT 2914 BUSCH LAKE BLVD. TAMPA, FL 33614-1860 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD COHEN, ROBERT F 2918 BUSCH LAKE TAMPA, FL 33614 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D UBIRACI FERNANDES 2909 BUSCH LAKE BLVD. TAMPA, FL 33614-1860 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LAYTON, PAT 2901 BUSCH LAKE BLVD. TAMPA, FL 33614 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD SHAW, DARRYL 3000 BUSCH LAKE TAMPA, FL 33614 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CROW, CAROL J 2902 BUSCH LAKE TAMPA, FL 33614 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D APODACA, ELEANOR 2910 BUSCH LAKE TAMPA, FL 33614 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:  DARRYL SHAW | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date 4/17/06 (813) 962-6544 | |

40054337



01192006 Chg-NP CR2E037 (11/05)