

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90020 011 ****61.25

DOCUMENT # N98000001894

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



40045000

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02132008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3510014

Applied For
Not Applicable

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

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

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

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, 2008**

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 RECHEL, TED J
STREET ADDRESS 2913 BUSCH LAKE BLVD.
CITY-ST-ZIP TAMPA, FL 33614

TITLE TD ☐ Delete
NAME COHEN, ROBERT F
STREET ADDRESS 2918 BUSCH LAKE
CITY-ST-ZIP TAMPA, FL 33614

TITLE D ☐ Delete
NAME LAYTON, PAT
STREET ADDRESS 2901 BUSCH LAKE BLVD.
CITY-ST-ZIP TAMPA, FL 33614

TITLE SD ☐ Delete
NAME SHAW, DARRYL
STREET ADDRESS 3000 BUSCH LAKE
CITY-ST-ZIP TAMPA, FL 33614

TITLE VD ☐ Delete
NAME CROW, CAROL J
STREET ADDRESS 2902 BUSCH LAKE
CITY-ST-ZIP TAMPA, FL 33614

TITLE D ☒ Delete
NAME CROCKETT, KAREN
STREET ADDRESS 2914 BWCH LAKE BLVD
CITY-ST-ZIP TAMPA, FL 336141860

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME Crockett, Thomas
STREET ADDRESS 2914 Busch Lake Blvd.
CITY-ST-ZIP Tampa, Florida 33614

TITLE D ☐ Change ☒ Addition
NAME Fernandes, Ubiraci
STREET ADDRESS 2909 Busch Lake Blvd.
CITY-ST-ZIP Tampa, Florida 33614

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

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

TREAS.

3/4/08

813-962-6544

Date

Daytime Phone *