

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 06, 2004  
Secretary of State**

DOCUMENT# N00000008096

Entity Name: THE CENTER FOR SPECIAL NEEDS TRUST ADMINISTRATION, INC.

**Current Principal Place of Business:**

3000 GULF TO BAY BLVD  
STE 102  
CLEARWATER, FL 33759 US

**New Principal Place of Business:**

**Current Mailing Address:**

3000 GULF TO BAY BLVD  
STE 102  
CLEARWATER, FL 33759 US

**New Mailing Address:**

FEI Number: 59-3705979      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STAUNTON, JOHN ESQ.  
3000 GULF TO BAY BLVD  
STE 102  
CLEARWATER, FL 33759 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: DVT ( ) Delete  
Name: STAUNTON, JOHN W ESQ  
Address: 3000 GULF TO BAY BLVD STE 102  
City-St-Zip: CLEARWATER, FL 33759

Title: DS ( ) Delete  
Name: GOVONI, LEO J  
Address: 2600 1ST AVENUE NORTH  
City-St-Zip: ST PETERSBURG, FL 33713

Title: P ( ) Delete  
Name: WALRUTH, BRETT  
Address: 2600 FIRST AVE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: D (X) Delete  
Name: TALBOT, LINDA J  
Address: 3000 GULF TO BAY BLVD STE 102  
City-St-Zip: CLEARWATER, FL 33759

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: GOVONI, LEO J  
Address: 4912 CREEKSIDE DRIVE  
City-St-Zip: CLEARWATER, FL 33760

Title: DP (X) Change ( ) Addition  
Name: WALRUTH, BRETT  
Address: 4912 CREEKSIDE DRIVE  
City-St-Zip: CLEARWATER, FL 33760

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN STAUNTON

VP

07/06/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date