

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N00000008096



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

Principal Place of Business  
 3000 GULF TO BAY BLVD  
 STE 102  
 CLEARWATER, FL 33759 US

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



01042005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3705979	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

STAUNTON, JOHN ESQ.  
 3000 GULF TO BAY BLVD  
 STE 102  
 CLEARWATER, FL 33759

**DO NOT WRITE IN THIS SPACE**

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) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and this if applicable.

**Filing Fee is \$81.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DVT
NAME	STAUNTON, JOHN W ESQ
STREET ADDRESS	3000 GULF TO BAY BLVD STE 102
CITY-ST-ZIP	CLEARWATER, FL 33759

TITLE	DS
NAME	GOVONI, LEO J
STREET ADDRESS	4912 CREEKSIDE DRIVE
CITY-ST-ZIP	CLEARWATER, FL 33760

TITLE	DP
NAME	WALRUTH, BRETT
STREET ADDRESS	4912 CREEKSIDE DRIVE
CITY-ST-ZIP	CLEARWATER, FL 33760

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000191350  
 01/24/05-80170-014 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: John Staunton  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/05

Date

727-797-4000

Daytime Phone #