


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N02350
 1. Entity Name
INTERSTATE PARK OF COMMERCE OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O 1315 S. HOWARD AVENUE **P.O. BOX 23488**
STE 202 **TAMPA, FL 33623-3488 US**
TAMPA, FL 33606

DO NOT WRITE IN THIS SPACE



04042005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
59-1989749 Not Applicable

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

6. Name and Address of Current Registered Agent
DIKMAN, ROBERT J
1315 S. HOWARD AVENUE
STE 202
TAMPA, FL 33606

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

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

U00000299001
 04/11/05-80091-007 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD RIVARD, ROGER 9740 ADAMO DRIVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOODS, SANFORD L 9815 CURRIE DAVIS BLVD. TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD WOOD, K.C. 9820 ADAMS DR. TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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: K.C. Wood KE WOOD 4.8.05 727-576-1148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

K.C. WOOD, PRESIDENT