

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 14, 2009  
Secretary of State**

DOCUMENT# N02350

Entity Name: INTERSTATE PARK OF COMMERCE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O 1315 S. HOWARD AVENUE  
STE 202  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 23488  
TAMPA, FL 336233488 US

**New Mailing Address:**

FEI Number: 59-1989749      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DIKMAN, ROBERT J  
1315 S. HOWARD AVENUE  
STE 202  
TAMPA, FL 33606 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: VSD ( ) Delete  
Name: RIVARD, ROGER  
Address: 9740 ADAMO DRIVE  
City-St-Zip: TAMPA, FL

Title: D ( ) Delete  
Name: WOODS, SANFORD L  
Address: 9815 CURRIE DAVIS BLVD.  
City-St-Zip: TAMPA, FL 33619

Title: PTD ( ) Delete  
Name: WOOD, K.C.  
Address: 9820 ADAMS DR.  
City-St-Zip: TAMPA, FL 33619

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

Title: VSD (X) Change ( ) Addition  
Name: SALCIDO, MOSES  
Address: 3500 LENOX ROAD NE, SUITE 501  
City-St-Zip: ATLANTA, GA 30236

Title: D (X) Change ( ) Addition  
Name: HOMENUK, LONNIE  
Address: 5401 W. KENNEDY BLVD., STE. 525  
City-St-Zip: TAMPA, FL 33609

Title: PTD (X) Change ( ) Addition  
Name: HEMPSTEAD, TODD  
Address: 9820 ADAMO DR.  
City-St-Zip: TAMPA, FL 33619

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBERT J DIKMAN

RA

04/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date