

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000009044		
1. Entity Name ST. PETE COMMERCE CENTER PROPERTY OWNERS ASSOCIATION, INC.		

Principal Place of Business 2401 WEST BAY DRIVE, SUITE 421 LARGO, FL 33770	Mailing Address 2401 WEST BAY DRIVE, SUITE 421 LARGO, FL 33770
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2. Principal Place of Business 4003 7th Terrace S	3. Mailing Address 4003 7th Terrace S
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State St. Petersburg, FL	City & State St. Petersburg, FL
Zip 33711	Zip 33711
Country USA	Country USA

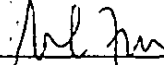
FILED
05 SEP 30 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09/06/05 90136 048 \$61.25
07052005 Chg-NP CR2E037 (10/03)

4. FEI Number 20-2032686	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FLINT III, J. NELSON 2401 WEST BAY DRIVE, SUITE 421 LARGO, FL 33770	7. Name and Address of New Registered Agent Name: Mark Ferris Street Address (P.O. Box Number is Not Acceptable) 4003 1th Terrace South City: St. Petersburg FL Zip Code: 33711
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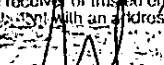
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and I accept the obligations of registered agent.

SIGNATURE  Mark Ferris President 8/31/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when needed.) DATE

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P FEELEY, WILLIAM L 3830 FIFTH AVENUE NORTH ST. PETERSBURG, FL 33713	☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	President Mark Ferris 4003 7th Terrace S St. Petersburg FL 33711	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SST FLINT III, J. NELSON 2401 WEST BAY DRIVE, SUITE 421 LARGO, FL 33770	☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP GOOD, CANDACE 2401 WEST BAY DRIVE, SUITE 421 LARGO, FL 33770	☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(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  President 9/27/05 927-323 0887
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR