

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90025 004 ****61.25

DOCUMENT # N09968

1. Corporation Name

TAMPA TELECOM PARK OWNERS ASSOCIATION, INC.

Principal Place of Business

401 E. JACKSON STREET
SUITE 2310
TAMPA FL 33602

Mailing Address

3003 TAMiami TRAIL NORTH
NAPLES FL 33940
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 Suite 400

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

06/26/1985

4. FEI Number

59-2777936

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FLORA, TERRY L.
3003 TAMiami TRAIL NORTH
STE 400
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
BIRR, JEFFREY
STREET ADDRESS 3003 TAMiami TRAIL NORTH
CITY-ST-ZIP NAPLES FL 33940

TITLE ☐ DELETE

NAME VD
KULPINSKI, RONALD W.
STREET ADDRESS ONE STAMFORD FORUM
CITY-ST-ZIP STAMFORD CT

TITLE ☐ DELETE

NAME SD
CLEMENS, D
STREET ADDRESS 1 TAMPA CITY CENTRE, STE 2752
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ DELETE

NAME D
CARTER, JON
STREET ADDRESS 1 EAST TELECOM PARKWAY
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME TD
WILDE, GINA R.
STREET ADDRESS 3003 NORTH TAMiami TRAIL
CITY-ST-ZIP NAPLES FL

TITLE ☒ DELETE

NAME AT
KURTYKA, D L
STREET ADDRESS 3003 TAMiami TR N
CITY-ST-ZIP NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME AT
O'Connor, John D.
1.3 STREET ADDRESS 3003 Tamiami Trail North, #400
1.4 CITY-ST-ZIP Naples, FL 34103

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME AT
Corina, Robert D.
2.3 STREET ADDRESS 3003 Tamiami Trail North
2.4 CITY-ST-ZIP Naples, FL 34103

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15

Date

941-261-4455

Daytime Phone #

CR2E037 (11/98)

0062755