


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90260 006 ****61.25

DOCUMENT # N09968 1. Entity Name TAMPA TELECOM PARK OWNERS ASSOCIATION, INC.					
Principal Place of Business 3003 TAMiami TrL N STE. 400 NAPLES, FL 34103			Mailing Address 3003 TAMiami TRAIL NORTH SUITE 400 NAPLES, FL 34103 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2777936	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UTTER, PATRICK L 3003 TAMiami TRAIL NORTH STE 400 NAPLES, FL 34103				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WATTS, SUSAN H <input checked="" type="checkbox"/> Delete 3003 TAMiami TrL N, STE. 400 NAPLES, FL 34103		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Flood, Thomas J. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3003 Tamiami Trail North, #400 Naples, FL 34103	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD UTTER, PATRICK L <input type="checkbox"/> Delete 3003 TAMIAM TRAIL N, STE 400 NAPLES, FL 34103		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CORINA, ROBERT D <input type="checkbox"/> Delete 3003 TAMIAM TRAIL N, STE 400 NAPLES, FL 34103		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, CHRIS <input type="checkbox"/> Delete 750 CANYON DR. COPPELL, TX 75019		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Patrick L. Utter <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			MAR 28 2005 (239) 261-4455 <small>Date Daytime Phone #</small>		