

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2008 8:00 am**  
**Secretary of State**

01-07-2008 90041 034 \*\*\*\*70.00

**DOCUMENT # N97000003717**

1. Entity Name  
**TRANSPORTATION AND EXPRESSWAY AUTHORITY  
MEMBERSHIP OF FLORIDA (TEAMFL), INC.**



10000096

Principal Place of Business  
**2121 CAMDEN ROAD  
SUITE B  
ORLANDO, FL 32803 US**

Mailing Address  
**2121 CAMDEN ROAD  
SUITE B  
ORLANDO, FL 32803 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01022008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3461164**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**HARTNETT, ROBERT C  
2121 CAMDEN ROAD  
SUITE B  
ORLANDO, FL 32803**

## 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **RICH, A. WAYNE**  
STREET ADDRESS **P O BOX 1911 N/A**  
CITY-ST-ZIP **ORLANDO, FL 32802**

TITLE **D** ☐ Delete  
NAME **HARGRETT, JAMES**  
STREET ADDRESS **1104 E. TWIGS ST.**  
CITY-ST-ZIP **TAMPA, FL 33602**

TITLE **D** ☐ Delete  
NAME **ELY, JAMES**  
STREET ADDRESS **PO BOX 613069**  
CITY-ST-ZIP **OCOE, FL 34761**

TITLE **D** ☐ Delete  
NAME **HARTNETT, ROBERT C**  
STREET ADDRESS **2121 CAMDEN RD SUITE B**  
CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CHAIRMAN - C** ☐ Change ☒ Addition  
NAME **BAUMAN, MICHAEL**  
STREET ADDRESS **2601 BRICKELL AVE.**  
CITY-ST-ZIP **MIAMI, FL 33129**

TITLE **VICCHAIRMAN - VC** ☐ Change ☒ Addition  
NAME **ARRINGTON, MARY JANE**  
STREET ADDRESS **313 N. BRYAN ST.**  
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **TREASURER - T** ☐ Change ☐ Addition  
NAME **WINGARD, PAUL**  
STREET ADDRESS **1500 MONROE ST.**  
CITY-ST-ZIP **FL MYERS, FL 33901**

TITLE **PRESIDENT/CEO - P** ☒ Change ☐ Addition  
NAME **HARTNETT, ROBERT C.**  
STREET ADDRESS **2121 CAMDEN RD, SUITE B**  
CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE **D** ☐ Change ☒ Addition  
NAME **BARTON, William**  
STREET ADDRESS **1500 MONROE ST.**  
CITY-ST-ZIP **FL MYERS, FL 33901**

TITLE **D** ☐ Change ☒ Addition  
NAME **BLAYLOCK, Michael**  
STREET ADDRESS **P.O. Drawer D**  
CITY-ST-ZIP **JACKSONVILLE, FL 32203**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/03/08 478 896-0035

Transportation & Expressway Authority Membership of Florida:  
II. (cont'd) ADDITIONS TO Officers & Directors

ATTACHMENT

Title - D

Name - Downs, Noranne

Address - 719 So. Woodland Blvd.

City - Deland, FL 32720

40000342

☒ ADDITION

#N97-000003717

Title - D

Name - Ferré, Maurice

Address - 3900 Poinciana Ave

Coconut Grove, FL 33133

☒ ADDITION

Title - D

Name - Holtzman, Sonny

Address - 2121 Ponce de Leon Blvd.

Suite 1280

Coral Gables, FL 33134

☒ ADDITION

Title - D

Name - Marchena, Marcos

Address - 976 Lake Baldwin Lake

Suite 101

Orlando, FL 32814

☒ ADDITION

Title - D

Name - Vest, Jim

Address - 4400 E. Hwy 20

Suite 403

Niceville, FL 32578

☒ ADDITION