

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 763611

**Entity Name:** NAIOP TAMPA BAY CHAPTER, INC.**Current Principal Place of Business:**4205 W BAY VIEW AVENUE  
TAMPA, FL 33611**Current Mailing Address:**4205 W. BAY VIEW AVENUE  
TAMPA, FL 33611 US**FEI Number: 59-2504370****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BOKOR, KELSEY  
4205 W BAY VIEW AVENUE  
TAMPA, FL 33611 US*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: KELSEY BOKOR****04/23/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name ALDEN, LAURIE  
Address 3111 WEST DR. MARTIN LUTHER  
KING BLVD.  
SUITE 300  
City-State-Zip: TAMPA FL 33607

Title PRESIDENT  
Name MCGEACHY, THOMAS  
Address 14499 NORTH DALE MABRY HWY.  
SUITE 200  
City-State-Zip: TAMPA FL 33618

Title ED  
Name BOKOR, KELSEY  
Address 4205 W BAY VIEW AVENUE  
City-State-Zip: TAMPA FL 33611

Title IMMEDIATE PAST PRESIDENT  
DIRECTOR  
Name CORBETT, KAMALA  
Address 100 N TAMPA STREET  
SUITE 2700  
City-State-Zip: TAMPA FL 33602

Title SECRETARY  
Name CARVER, CHARLES  
Address 201 BAYSHORE CENTER  
2907 BAY TO BAY BLVD.  
City-State-Zip: TAMPA FL 33629

Title TREASURER  
Name RETTIG, BRIAN  
Address 101 E. KENNEDY BLVD.  
SUITE 1500  
City-State-Zip: TAMPA FL 33602

*I hereby 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 all other like empowered.*

**SIGNATURE: KELSEY BOKOR****EXECUTIVE DIRECTOR****04/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date