

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000008096

**FILED  
Mar 07, 2014  
Secretary of State  
CC4024098688**

**Entity Name:** THE CENTER FOR SPECIAL NEEDS TRUST ADMINISTRATION, INC.

**Current Principal Place of Business:**

4912 CREEKSIDE DRIVE  
CLEARWATER, FL 33760

**Current Mailing Address:**

4912 CREEKSIDE DRIVE  
CLEARWATER, FL 33760 US

**FEI Number: 59-3705979**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

STAUNTON, JOHN ESQ.  
3000 GULF TO BAY BLVD  
STE 102  
CLEARWATER, FL 33759 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PS  
Name BELISLE, TODD  
Address 4912 CREEKSIDE DRIVE  
City-State-Zip: CLEARWATER FL 33760

Title D  
Name SHONTER, RICHARD  
Address 4912 CREEKSIDE DRIVE  
City-State-Zip: CLEARWATER FL 33760

Title CFO  
Name MURPHY, JOSHUA  
Address 4912 CREEKSIDE DRIVE  
City-State-Zip: CLEARWATER FL 33760

Title VP  
Name GOVONI, CAITLIN  
Address 4912 CREEKSIDE DRIVE  
City-State-Zip: CLEARWATER FL 33760

*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: TODD BELISLE**

**PRESIDENT**

**03/07/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date