## 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008096

Entity Name: THE CENTER FOR SPECIAL NEEDS TRUST ADMINISTRATION,

INC.

FILED Feb 03, 2022 Secretary of State 8808524610CC

## **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, DIRECTOR Title VP, D

Name DIEBERT, MICHELLE Name DAVIS, LAURA

Address 4912 CREEKSIDE DRIVE Address 4912 CREEKSIDE DRIVE

City-State-Zip: CLEARWATER FL 33760 City-State-Zip: CLEARWATER FL 33760

Title SECRETARY, DIRECTOR

Name SCHROEDER, CARL

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: MICHELLE DIEBERT

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

02/03/2022