

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000004646

**FILED**  
**Jan 04, 2016**  
**Secretary of State**  
**CC9311755094**

**Entity Name:** INFRAGARD TAMPA BAY MEMBERS ALLIANCE, INC.

**Current Principal Place of Business:**

100 S. ASHLEY DRIVE  
C/O TULLO LAW FIRM SUITE 600  
TAMPA, FL 33602-5304

**Current Mailing Address:**

100 S. ASHLEY DRIVE  
C/O TULLO LAW FIRM SUITE 600  
TAMPA, FL 33602-5304 US

**FEI Number: 56-2368048**

**Certificate of Status Desired: Yes**

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

JORGENSEN, JOHN E  
240 NORTH WASHINGTON BLVD  
SUITE 600  
SARASOTA, FL 34236 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           PRESIDENT  
Name           DOMINGUEZ, BOBBY  
Address        100 S. ASHLEY DRIVE  
                  C/O TULLO LAW FIRM SUITE 600  
City-State-Zip: TAMPA FL 33602-5304

Title           SECRETARY  
Name           ZWOLSKI, KAREN  
Address        100 S. ASHLEY DRIVE  
                  C/O TULLO LAW FIRM SUITE 600  
City-State-Zip: TAMPA FL 33602-5304

Title           TREASURER  
Name           JORGENSEN, JOHN ELIOT  
Address        240 NORTH WASHINGTON BLVD  
                  C/O THE SYLINT GROUP, INC SUITE  
                  600  
City-State-Zip: SARASOTA FL 34236

*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: JOHN ELIOT JORGENSEN**

**TREASURER**

**01/04/2016**

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

\_\_\_\_\_  
Date