

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

DOCUMENT# N97000003717

**Entity Name:** TRANSPORTATION AND EXPRESSWAY AUTHORITY  
MEMBERSHIP OF FLORIDA (TEAMFL), INC.**FILED**  
**Jan 04, 2016**  
**Secretary of State**  
**CC7380858936****Current Principal Place of Business:**2121 CAMDEN ROAD  
SUITE B  
ORLANDO, FL 32803**Current Mailing Address:**2121 CAMDEN ROAD  
SUITE B  
ORLANDO, FL 32803 US**FEI Number: 59-3461164****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**HARTNETT, ROBERT C  
2121 CAMDEN ROAD  
SUITE B  
ORLANDO, FL 32803 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	DIRECTOR
Name	FULLER, VAN
Address	4400 E. HWY 20, SUITE 403
City-State-Zip:	NICEVILLE FL 32578
Title	CHAIRMAN
Name	MERCER, ATLEE
Address	ONE COURTHOUSE SQUARE SUITE 4700
City-State-Zip:	KISSIMMEE FL 34741
Title	VC
Name	STOKES, CURTIS
Address	1104 EAST TWIGGS STREET, SUITE 100
City-State-Zip:	TAMPA FL 33602
Title	DIRECTOR
Name	BAUMAN, MIKE
Address	2601 BRICKELL AVENUE
City-State-Zip:	MIAMI FL 33129

Title	PCEO
Name	HARTNETT, ROBERT C
Address	2121 CAMDEN RD SUITE B
City-State-Zip:	ORLANDO FL 32803
Title	S
Name	HIDEN, KELLY
Address	13014 N. DALE MABRY HIGHWAY SUITE 820
City-State-Zip:	TAMPA FL 33618
Title	DIRECTOR
Name	RICH, A. WAYNE
Address	390 NORTH ORANGE AVENUE SUITE 1400
City-State-Zip:	ORLANDO FL 32801
Title	DIRECTOR
Name	ELY, JIM
Address	501 E. TENNESSEE ST., SUITE C
City-State-Zip:	TALLAHASSEE FL 32308

**Continues on page 2**

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: ROBERT C HARTNETT****PRESIDENT/CEO****01/04/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           FORD, NATHANIEL SR.  
Address        100 NORTH MYRTLE AVENUE  
City-State-Zip: JACKSONVILLE FL 32205

Title           DIRECTOR  
Name           HOWSE, RONALD  
Address        605 SUWANNEE STREET, MAIL STATION 9  
City-State-Zip: TALLAHASSEE FL 32399

Title           DIRECTOR  
Name           HOLTZMAN, SONNY  
Address        2121 PONCE DE LEON BLVD.  
                  SUITE 1280  
City-State-Zip: CORAL GABLES FL 33134

Title           DIRECTOR  
Name           PENDERGRASS, CECIL  
Address        PO BOX 398  
City-State-Zip: FORT MYERS FL 33902

Title           DIRECTOR  
Name           CADWELL, WELTON  
Address        PO BOX 7800  
                  315 W. MAIN STREET  
City-State-Zip: TAVARES FL 32788