

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F82206

Entity Name: COMMERCIAL PARTNERS REALTY, INC.**Current Principal Place of Business:**299 DR MARTIN LUTHER KING JR STREET NORTH
ST. PETERSBURG, FL 33701**Current Mailing Address:**PO BOX 683
ST. PETERSBURG, FL 33731-0683 US**FEI Number:** 59-2636296**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUSH ROSS REGISTERED AGENT SERVICES, LLC
220 S FRANKLIN ST
TAMPA, FL 33602 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, DIRECTOR
Name CLENDENING, SCOTT M
Address 299 DR MARTIN LUTHER KING JR
 STREET NORTH
City-State-Zip: ST. PETERSBURG FL 33701

Title VP, DIRECTOR
Name KENT, WILLIAM D
Address 299 DR. MARTIN LUTHER KING JR
 STREET NORTH
City-State-Zip: SAINT PETERSBURG FL 33701

Title SECRETARY
Name GRIZZARD, MARY C
Address 299 DR. MLK JR. ST. N.
City-State-Zip: ST. PETERSBURG FL 33701

Title DIRECTOR
Name LOTT, MARTIN T
Address 299 DR MARTIN LUTHER KING JR
 STEET NORTH
City-State-Zip: ST. PETERSBURG FL 33701

Title VP
Name QUARLES, DANIEL
Address 299 DR. MLK JR. ST. N.
City-State-Zip: ST. PETERSBURG FL 33701

Title TREASURER
Name GRIFFITH, SUSAN A
Address 299 DR. MLK JR. ST. N.
City-State-Zip: ST. PETERSBURG FL 33701

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARY C. GRIZZARD**SECRETARY****04/15/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date