


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90171 050 ****61.25

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DOCUMENT # 736980					
1. Entity Name HILLSBOROUGH ASSOCIATION OF SCHOOL ADMINISTRATORS, INC.					
Principal Place of Business 511 SOMERSTONE DR VALRICO, FL 33594 US		Mailing Address 511 SOMERSTONE DR VALRICO, FL 33594 US			
2. Principal Place of Business: No P.O. Box #		3. Mailing Address			
Suite, Apt # etc		Suite, Apt # etc			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2015216	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
✓ MILIZIANO, JOHN P 511 SOMERSTONE DR VALRICO, FL 33594			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
8. 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. I am familiar with and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature type must be that of the registered agent or the incorporator.</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '07		
TITLE	ED	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILIZIANO, JOHN P		NAME		
STREET ADDRESS	511 SOMERSTONE DR		STREET ADDRESS		
CITY- ST- ZIP	VALRICO, FL 33594		CITY- ST- ZIP		
TITLE	PPT	<input checked="" type="checkbox"/> Delete	TITLE	PPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, KEN		NAME	SMITH, PAT	
STREET ADDRESS	2222 N. TAMPA STREET		STREET ADDRESS	1202 E. PALM	
CITY- ST- ZIP	TAMPA, FL 33602		CITY- ST- ZIP	TAMPA, FL 33605	
TITLE	P	<input type="checkbox"/> Delete	TITLE	F	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, PAT		NAME	CERETA, LOU	
STREET ADDRESS	1202 E. PALM		STREET ADDRESS	4329 CULBREATH RD	
CITY- ST- ZIP	TAMPA, FL 33605		CITY- ST- ZIP	VALRICO, FL 33594	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUGGLE, ELSA		NAME		
STREET ADDRESS	7950 GUNN HWY		STREET ADDRESS		
CITY- ST- ZIP	TAMPA, FL 33626		CITY- ST- ZIP		
TITLE	PT	<input type="checkbox"/> Delete	TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CERETA, LOU		NAME	CUNNINGHAM, MARY	
STREET ADDRESS	4329 CULBREATH RD		STREET ADDRESS	2802 BALLAST POINT BLVD	
CITY- ST- ZIP	VALRICO, FL 33594		CITY- ST- ZIP	TAMPA, FL 33611	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUNNINGHAM, MARY		NAME	CONNIE HAYDEN-MCPEAK	
STREET ADDRESS	2802 BALLAST POINT BLVD		STREET ADDRESS	2311 W. MORRISON AVE #29	
CITY- ST- ZIP	TAMPA, FL 33611		CITY- ST- ZIP	TAMPA, FL 33629	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 provided by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11, changed, or on an attachment with an address, with a title and employment.					
SIGNATURE: <i>[Signature]</i>		Lou Cerreta		4/2/07 813-635-1131	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		President			