

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736980

FILED
Mar 10, 2009
Secretary of State

Entity Name: HILLSBOROUGH ASSOCIATION OF SCHOOL ADMINISTRATORS, INC.

Current Principal Place of Business:

511 SOMERSTONE DR
VALRICO, FL 33594 US

New Principal Place of Business:

Current Mailing Address:

511 SOMERSTONE DR
VALRICO, FL 33594 US

New Mailing Address:

FEI Number: 59-2015216

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILIZIANO, JOHN P
511 SOMERSTONE DR
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: ED () Delete
Name: MILIZIANO, JOHN P
Address: 511 SOMERSTONE DR
City-St-Zip: VALRICO, FL 33594

Title: ST () Delete
Name: ZAUATKAY, LAURA
Address: 6311 S LOIS AVENUE
City-St-Zip: TAMPA, FL 33616

Title: PPT () Delete
Name: CERRETA, LOU
Address: 4329 CULBREATH RD
City-St-Zip: VALRICO, FL 33594

Title: T () Delete
Name: TUGGLE, ELSA
Address: 7950 GUNN HWY
City-St-Zip: TAMPA, FL 33626

Title: P () Delete
Name: CUNNINGHAM, MARY
Address: 2802 BALLAT POINT BLVD
City-St-Zip: TAMPA, FL 33611

Title: PT () Delete
Name: TUGGLE, ELISA
Address: 7950 GUNN HIGHWAY
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: ZAVATKAY, LAURA
Address: 1205 W. HORATIO STREET #1
City-St-Zip: TAMPA, FL 33606

Title: PPT (X) Change () Addition
Name: CUNNINGHAM, MARY
Address: 7112 PELICAN ISLAND DRIVE
City-St-Zip: TAMPA, FL 33634

Title: T (X) Change () Addition
Name: LUIS, NELSON
Address: 16127 CARDEN DRIVE
City-St-Zip: ODESSA, FL 33556

Title: P (X) Change () Addition
Name: TUGGLE, ELSA
Address: 8725 DONNA LU DRIVE
City-St-Zip: ODESSA, FL 33556

Title: PT (X) Change () Addition
Name: SOLOMON, TEMPRESS
Address: PO BOX 17467
City-St-Zip: TAMPA, FL 33682

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN P. MILIZIANO, ED.D.

ED

03/10/2009

Electronic Signature of Signing Officer or Director

Date