2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763611

Apr 27, 2006 Secretary of State

Entity Name: GREATER TAMPA BAY CHAPTER NATIONAL ASSOCIATION OF INDUSTRIAL AND OFFICE PARKS, **Current Principal Place of Business: New Principal Place of Business:**

6107-B MEMORIAL HIGHWAY TAMPA, FL 33615

Current Mailing Address: New Mailing Address:

6107-B MEMORIAL HWY TAMPA, FL 33615

FEI Number: 59-2504370 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GANG, NENA 6107-B MEMORIAL HWY TAMPA, FL 33615

OFFICERS AND DIRECTORS:

TAMPA, FL

City-St-Zip:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

TAMPA, FL 33615

PPD () Delete () Change () Addition MAGGI, JULIO Name: Name: 235 3RD STREET #200 Address: Address: City-St-Zip: ST. PETERSBURG, FL 33701 City-St-Zip: Title: () Delete Title: () Change () Addition KRUEGER, ROBERT, Name: Name: Address: 6302 BENJAMIN RD 401 Address: City-St-Zip: TAMPA, FL City-St-Zip: Title: PPD () Delete Title: () Change () Addition MINCEY, DON Name: Name: 13535 FEATHER SOUND DR Address: Address: City-St-Zip: CLEARWATER, FL 34622 City-St-Zip: () Delete Title: PPD Title: () Change () Addition LAW, RHEA Name: Name: 501 E KENNEDY BLVD #1700 Address: Address: City-St-Zip: TAMPA, FL City-St-Zip: Title: () Delete Title: () Change () Addition SCHEAFNOCKER, CAROL, Name: Name: 4921 MEMORIAL HWY #300 Address: Address: City-St-Zip: TAMPA, FL 33634 City-St-Zip: Title: () Delete Title: (X) Change () Addition GANG, NENA GANG, NENA Name: Name: Address: 4509 GEORGE RD. Address: 6107-B MEMORIAL HWY

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: NENA GANG ED 04/27/2006