

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 09, 2005 08:00 AM**

**Secretary of State**

JAN 19 2005

**DOCUMENT # N00000001660**

1. Entity Name

**TAMPA PARK OF COMMERCE PHASE TWO ASSOCIATION, INC.**



Principal Place of Business

**11780 U.S. HWY. 1, SUITE 204  
NORTH PALM BEACH FL 33408**

Mailing Address

**11780 U.S. HWY. 1, SUITE 204  
NORTH PALM BEACH FL 33408**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1092925**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DESPLAINES, HENRI J  
11780 U.S. HWY. 1, SUITE 204  
NORTH PALM BEACH FL 33408**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete  
NAME **TAYLOR, JOHN J III**  
STREET ADDRESS **11780 US HIGHWAY 1, SUITE 204**  
CITY- ST- ZIP **NORTH PALM BEACH FL 33408**

TITLE **DVT** ☐ Delete  
NAME **DESPLAINES, HENRI J**  
STREET ADDRESS **11780 US HIGHWAY 1, SUITE 204**  
CITY- ST- ZIP **NORTH PALM BEACH FL 33408**

TITLE **DV** ☐ Delete  
NAME **TAYLOR, H. LELAND**  
STREET ADDRESS **1000 BRICKELL AVENUE, #300**  
CITY- ST- ZIP **MIAMI FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **U00000222400** ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **02/09/05-80074-001 61.25**  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

*Henri J Desplaines* **HENRI J DESPLAINES**

**1/27/05**

**561 275 1772**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #