

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008096

FILED  
Apr 07, 2010  
Secretary of State

**Entity Name:** THE CENTER FOR SPECIAL NEEDS TRUST ADMINISTRATION, INC.

**Current Principal Place of Business:**

3000 GULF TO BAY BLVD  
STE 102  
CLEARWATER, FL 33759 US

**New Principal Place of Business:**

4912 CREEKSIDE DRIVE  
CLEARWATER, FL 33760 US

**Current Mailing Address:**

3000 GULF TO BAY BLVD  
STE 102  
CLEARWATER, FL 33759 US

**New Mailing Address:**

4912 CREEKSIDE DRIVE  
CLEARWATER, FL 33760 US

**FEI Number:** 59-3705979

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STAUNTON, JOHN ESQ.  
3000 GULF TO BAY BLVD  
STE 102  
CLEARWATER, FL 33759 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: P  
Name: DUNBAR, TED  
Address: 4912 CREEKSIDE DRIVE  
City-St-Zip: CLEARWATER, FL 33760 US

Title: DVP  
Name: BELISLE, TODD  
Address: 4912 CREEKSIDE DRIVE  
City-St-Zip: CLEARWATER, FL 33760 US

Title: VPS  
Name: JULIAN, PATRICIA  
Address: 4912 CREEKSIDE DRIVE  
City-St-Zip: CLEARWATER, FL 33760 US

Title: D  
Name: GONZALEZ, RAFAEL  
Address: 4912 CREEKSIDE DRIVE  
City-St-Zip: CLEARWATER, FL 33760 US

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

**SIGNATURE:** TED DUNBAR

P

04/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date