

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004850

FILED
Apr 29, 2008
Secretary of State

Entity Name: TAMPA BAY TECHNOLOGY LEADERSHIP ASSOCIATION, INC.

Current Principal Place of Business:

C/O UNIVERSITY OF TAMPA (UT BOX 91F)
401 W. KENNEDY BOULEVARD
TAMPA, FL 33606 US

New Principal Place of Business:

Current Mailing Address:

C/O UNIVERSITY OF TAMPA (UT BOX 91F)
401 W. KENNEDY BOULEVARD
TAMPA, FL 33606 US

New Mailing Address:

FEI Number: 59-3744168 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TALSONE, NICHOLAS ESQUIRE
2536 COUNTRYSIDE BLVD, SUITE E
CLEARWATER, FL 33763 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: PD () Delete
Name: ASCANI, DAVE
Address: 2808 WINDING TRAIL DRIVE
City-St-Zip: VALRICO, FL 33594

Title: TD () Delete
Name: CHALLEN, VIVIAN M
Address: 3912 BELLWATER BLVD
City-St-Zip: RIVERVIEW, FL 33569

Title: VD () Delete
Name: MCCOY, MARY
Address: 6702 CAMDEN BAY DRIVE
City-St-Zip: TAMPA, FL 33647

Title: SD () Delete
Name: WEBB, HAROLD W
Address: 18215 TALDECO PLACE
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: BROWN, CINDY
Address: 2352 BARKWOOD PASS
City-St-Zip: CLEARWATER, FL 33763

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D () Change (X) Addition
Name: STEWART, COLE D
Address: 9305 MERLOT CIRCLE
City-St-Zip: SEFFNER, FL 33584

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: COLE D STEWART

D

04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date