

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90279 035 ****61.25

DOCUMENT # N02000002116

1. Entity Name
**INSTITUTE OF TRANSPORTATION ENGINEERS -
DISTRICT 10, INC.**



Principal Place of Business
**300 PRIMERA BOULEVARD
SUITE 200
LAKE MARY, FL 32746**

Mailing Address
**300 PRIMERA BOULEVARD
SUITE 200
LAKE MARY, FL 32746**

60027590



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03142006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
02-0577216

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GWYNN, DAVID W JR.
300 PRIMERA BOULEVARD
SUITE 200
LAKE MARY, FL 32746**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **YAUCH, PETER**
CITY-ST-ZIP **5110 EISENHOWER BLVD STE 220
TAMPA, FL 33634**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **440 Court St., Fourth Floor West**
CITY-ST-ZIP **Clearwater, Florida 33756**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SWANSON, DEVIN A**
CITY-ST-ZIP **2725 JUDGE FRAN JAMIESON WAY
VIERA, FL 32940**

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

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **EL EID, JIHAD P.E.**
CITY-ST-ZIP **2300 W. COMMERCIAL BLVD.
FORT LAUDERDALE, FL 33309**

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Angela M. Garland**
CITY-ST-ZIP **3665 Bee Ridge Road; Suite 312
Sarasota, Florida 34233**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GWYNN, DAVID W JR.**
CITY-ST-ZIP **300 PRIMERA BOULEVARD #200
LAKE MARY, FL 32746**

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

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **DAVIS, JOHN**
CITY-ST-ZIP **5650 ENTERPRISE PARKWAY
FORT MYERS, FL 33905**

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Dan Beatty**
CITY-ST-ZIP **1901 Commonwealth Lane
Tallahassee, Florida 32303**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MANN, PHIL P.E.**
CITY-ST-ZIP **306 NE 6TH AVENUE #326
GAINESVILLE, FL 32602**

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 exemptions contained 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 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: *David W. Gwynn*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-06 407 444 0191

Date

Daytime Phone #