

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 15, 2006 8:00 am**  
**Secretary of State**

05-15-2006 90038 022 \*\*\*\*70.00

<b>DOCUMENT # N03000001915</b> 1. Entity Name <b>TIERRA VERDE/ISLA DEL SOL CHAMBER OF COMMERCE, INC.</b>					
Principal Place of Business 4905 34TH ST 198 SAINT PETERSBURG, FL 33711			Mailing Address 4905 34TH ST 198 SAINT PETERSBURG, FL 33711		
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 <b>41-2086090</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RADER, MICHAEL 1120 PINELLAS BAYWAY SUITE 112 TIERRA VERDE, FL 33715			Name <b>WILLIAM R. BRENNAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>1110 PINELLAS BAYWAY, STE 108</b> <b>TIERRA VERDE, FL</b> City <b>FL</b> Zip Code <b>33715</b>		
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 <b>WILLIAM R. BRENNAN, PRES.</b> <i>William R Brennan</i> <b>5/9/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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 NAME STREET ADDRESS CITY-ST-ZIP	D CULLIS, WADE W 1120 PINELLAS BAYWAY TIERRA VERDE, FL 337151700	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O/D WILLIAM R. BRENNAN, PRES. 1110 PINELLAS BAYWAY, STE 108 TIERRA VERDE, FL 33715	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O FOX, CANDICE TREAS AMSOUTH BANK, 5901 SUN BLVD. SAINT PETERSBURG, FL 33715	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O/D SECY DONNA A. MASON 1110 PINELLAS BAYWAY, STE 108 TIERRA VERDE, FL 33715	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O RADER, MICHAEL PRES 1120 PINELLAS BAYWAY SUITE 112 TIERRA VERDE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETER ROOS 8020 GULF BLVD. ST. PER BEACH, FL 33706	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, BILLY ONE COLONY RD TIERRA VERDE, FL 337151700	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOM DEBELLA 116 PINELLAS BAYWAY TIERRA VERDE, FL 33715	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTRO, LILLY SEC 4200 4TH STREET NORTH ST. PETERSBURG, FL 33704	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O/D JUDITH WILLIS, TREAS 1275 PINELLAS BAYWAY TIERRA VERDE, FL 33715	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZELENAK, ART 1120 PINELLAS BAYWAY, SUITE 390 TIERRA VERDE, FL 337151700	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Donna A. Mason</i> <b>DONNA A. MASON</b> <b>5/9/06</b> <b>727-867-3700</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					