2006 NOT-FOR-PROFIT CORPORATION

DOCUMENT # N03000001915



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

1. Entity Name TIERRA VERDE/ISLA DEL SOL CHAMBER OF COMMERCE, INC.							()5-15-2006	90038 02	22 ****70	0.00
4905 34TH ST 490 198 198			Mailing Address 4905 34TH ST 198 SAINT PETERSBURG, F	1905 34TH ST							
2. Principal Place of Business 3.			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				05082006 Ca	hg-NP	CR2E03	7 (4/06)	
City & State		City & State				4. FEI Number 41-208609	90			plied For Applicable	
Zip	Zip Country .		Zip	Zip Co		5. Certificate of Status Desired					
	6. Name	and Address of Current R	egistered Agent				7. Name and Add	lress of New Re	gistered A	yent .	
RADER, MICHAEL							an R.	BREN	NAN	1	
1120 PINELLAS BAYWAY SUITE 112 TIERRA VERDE, FL 33715					_//,	10	PINELLI	95 RAY	WAY	STE	108
				TIE,			ea Ver	DE, 12		Zip Code	,
									FL	337	715
		ty submits this statement for t	the purpose of changing it	s register	ed office or	register	ed agent, or both, in	the State of Flor	rida. I am fa	miliar with, a	and accept
•	WILLIA	stered agent. M.R. BRZWAAN	I, PRES. J	Vi	llin	- K	Bren	nan		5/9/	06
SIGNATURE		· ·	· · · · · · · · · · · · · · · · · · ·								
SIGNATURE		d or printed name of registered agent an	nd title if applicable. (NO	TE Registere	d Agent signatur	re required	when reinstating)		DATE	1	
:	Signature, types	· ·	9. Election Ca Trust Fund	ımpaign F	inancing	re required	\$5.00 May Be Added to Fees		DATE zke check da Departr		
:	Signature, types	d or printed name of registered agent an	9. Election Ca Trust Fund	ımpaign F	inancing		\$5.00 May Be	Flori	zke check da Departr	nent of Sta	ate
D	Signature, types	d or printed name of registered agent an see is \$61.25 ptember 6, 2006	9. Election Ca Trust Fund	umpaign F Contribut	inancing on. (\$5.00 May Be Added to Fees DDITIONS/CHANG	Flori ES TO OFFICER	eke check da Departr RS AND DIRE	CTORS IN	10 Addition
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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 peceiver 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 attachingent with an address, with all other like empowered.