


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90179 032 ****70.00

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1. Entity Name
COMMERCE PARK PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
220 S. FRANKLIN ST. TAMPA, FL 33602

Mailing Address
220 S. FRANKLIN ST. TAMPA, FL 33602

50044669



2. Principal Place of Business
5309 TECHNOLOGY DR

3. Mailing Address
5309 TECHNOLOGY DR

Suite, Apt. #, etc.

04272005 Chg-NP CR2E037 (10/03)

City & State
TAMPA, FL

City & State
TAMPA, FL

Zip
33647

Country
USA

4. FEI Number
20-0471117

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
MERRILL, TODD
220 S. FRANKLIN ST.
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name
ROBERT F LAMB

Street Address (P.O. Box Number is Not Acceptable)
5309 TECHNOLOGY DR

City
TAMPA

FL Zip Code
33647

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

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 *Robert F Lamb* DATE 4-27-05

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, 2005

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BOSSO, THOMAS J 15310 AMBERLY DR., STE. 103 TAMPA, FL 33647	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FREEMAN, JEFFREY E 4211 W. CULBREATH AVE. TAMPA, FL 33609	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, DARYL 15310 AMBERLY DR., STE. 103 TAMPA, FL 33647	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ROBERT F LAMB 5309 TECHNOLOGY DR TAMPA, FL 33647	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-SECRETARY DIANE M LAMB 5309 TECHNOLOGY DR TAMPA, FL 33647	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-TREASURER JAMES R KIST 5301 TECHNOLOGY DR TAMPA, FL 33647	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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 empowerments.

SIGNATURE: ROBERT F LAMB *Robert F Lamb* DATE 4-27-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #