


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90169 046 ****61.25

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



Principal Place of Business
5309 TECHNOLOGY DRIVE TAMPA, FL 33647

Mailing Address
5309 TECHNOLOGY DRIVE TAMPA, FL 33647


2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

40001010



01052006 Chg-NP CR2E037 (11/05)

4. FEI Number
20-0471117

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LAMB, ROBERT F
5309 TECHNOLOGY DRIVE
TAMPA, FL 33647

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE P <input type="checkbox"/> Delete	NAME FLAMB, ROBERT	STREET ADDRESS 5309 TECHNOLOGY DRIVE	CITY-ST-ZIP TAMPA, FL 33647
TITLE VS <input type="checkbox"/> Delete	NAME LAMB, DIANE M	STREET ADDRESS 5309 TECHNOLOGY DRIVE	CITY-ST-ZIP TAMPA, FL 33647
TITLE VT <input type="checkbox"/> Delete	NAME KIST, JAMES R	STREET ADDRESS 5301 TECHNOLOGY DRIVE	CITY-ST-ZIP TAMPA, FL 33647
TITLE <input type="checkbox"/> Delete	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	STREET ADDRESS	CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME LAMB, ROBERT F	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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:  **1/6/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #