

**2008 NOT-FOR-PROFIT-CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000006255



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



01212008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME LAMB, ROBERT F
STREET ADDRESS 5309 TECHNOLOGY DRIVE
CITY-ST-ZIP TAMPA, FL 33647

TITLE VS
NAME LAMB, DIANE M
STREET ADDRESS 5309 TECHNOLOGY DRIVE
CITY-ST-ZIP TAMPA, FL 33647

TITLE VT
NAME KIST, JAMES R
STREET ADDRESS 5301 TECHNOLOGY DRIVE
CITY-ST-ZIP TAMPA, FL 33647

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000839603
03/06/08-80015-019 61.25

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IN THIS SPACE**

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:

James R Kist
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-08
Date

813-972-3033
Daytime Phone #