2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2006 8:00 am
Secretary of State
07-17-2006 90137 031 ****61.25

DOCUMENT # N03488

1. Entity Name
TALLEVAST INDUSTRIAL PARK OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7350 S TAMIAMI TR, STE 13A % JENCOR REALTY CONSULTANTS, INC. SARASOTA, FL 34231	7350 S TAMIAMI TR, STE 13A % JENCOR REALTY CONSULTANTS, INC. SARASOTA, FL 34231

07122006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
7332 Delainey Ct.	7332 Delainey Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, FL	City & State: Sarasota, FL
Zip: 34240 Country:	Zip: 34240 Country:

4. FEI Number: 65-0053490 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LORITZ, EUGENE A. C/O JENCOR REALTY CONSULTANTS, INC 7350 S. TAMIAMI TRAIL, SUITE 13 A SARASOTA, FL 34231	Name: Arlis D. Atkinson Street Address (P.O. Box Number is Not Acceptable): C/O Jencor Realty Management, LLC 7332 Delainey Ct. City: Sarasota, FL Zip Code: 34240

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: Arlis D. Atkinson — 7/12/06
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 September 6, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SAUDER, GERALD K. 7491 CARNOUSTIE DR. SARASOTA, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HARRIELL, PATRICIA A. 7552 FAIRWAY WOODS DR. SARASOTA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Luber, Patricia A. 628 Fern Walk Lane Osprey, FL 34229	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD COHN, HELEN C. 411 YACHT HARBOR DR. OSPREY, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CohnHelen C 411 Yacht Harbor Dr. Osprey, FL 34229	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Patricia A. Luber — Patricia A. Luber — 7/12/06 — 941-361-1125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #