2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N06099

Entity Name: BOMA-GREATER TAMPA BAY INC.

Current Principal Place of Business:

6107-B MEMORIAL HWY
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

6107-B MEMORIAL HWY
TAMPA, FL 33615

New Mailing Address:

FEI Number: 59-2545248 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GANG, NENA
6107-B MEMORIAL HWY
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PPD	( ) Delete
Name:	LEVIN, CHARLES	
Address:	400 N ASHLEY DR, #1950	
City-St-Zip:	TAMPA, FL 33602	
Title:	PPD	( ) Delete
Name:	ALLISON, JAY	
Address:	902 N. HIMES AVE	
City-St-Zip:	TAMPA, FL	
Title:	PPD	( ) Delete
Name:	PRATHER, CHRIS	
Address:	101 E. KENNEDY BLVD #4025	
City-St-Zip:	TAMPA, FL 33602	
Title:	PPD	( ) Delete
Name:	COX, LISA P	
Address:	3111 W M L KING BLVD	
City-St-Zip:	TAMPA, FL 33607	
Title:	PD	( ) Delete
Name:	BIDDLE, MIKE	
Address:	4211 W. BOYSCOUT BLVD #520	
City-St-Zip:	TAMPA, FL 33607	
Title:	ED	( ) Delete
Name:	GANG, NENA	
Address:	6107 B MEMORIAL HWY	
City-St-Zip:	TAMPA, FL 33615	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NENA GANG ED 04/30/2009

Electronic Signature of Signing Officer or Director — Date