

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002861

FILED
Jan 08, 2009
Secretary of State

Entity Name: CMAA WEST CENTRAL FLORIDA CHAPTER, INC.

Current Principal Place of Business:

5300 W. CYPRESS STREET
TAMPA, FL 33607

New Principal Place of Business:

5300 W. CYPRESS STREET
SUITE 200
TAMPA, FL 33607

Current Mailing Address:

P.O. BOX 20763
TAMPA, FL 33622

New Mailing Address:

FEI Number: 37-1477516

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: P () Delete
Name: SOBCZAK, JUDITH
Address: C/O PBS & J 5300 W. CYPRESS STREET
City-St-Zip: TAMPA, FL 33607

Title: V () Delete
Name: DENERUD, LANCE
Address: C/O SKANSKA, USA 4950 W KENNEDY STE 600
City-St-Zip: TAMPA, FL 33609

Title: T () Delete
Name: COLLAZO, IVAN
Address: C/O EXPERT CONSTRUCTION 815 S KINGS AVE
City-St-Zip: BRANDON, FL 33511

Title: S () Delete
Name: KIVETT, TARA
Address: C/O CITY OF CLEARWATER 410 N MYRTLE AVE
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SUTTER, DOUG
Address: C/O BLACK & VEATCH, 4890 W. KENNEDY BLVD.
City-St-Zip: TAMPA, FL 33609

Title: V (X) Change () Addition
Name: POOLE, CHRISTOPHER
Address: C/O KLEINFELDER, 5421 BEAUMONT CENTER BLVD
City-St-Zip: TAMPA, FL 33634

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

Title: S (X) Change () Addition
Name: SOBCZAK, JUDITH
Address: C/O PBS&J, 5300 W. CYPRESS STREET
City-St-Zip: TAMPA, FL 33607

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: JUDITH SOBCZAK

SECY

01/08/2009

Electronic Signature of Signing Officer or Director

Date