## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000003996

Entity Name: TAMPA BAY OPERA, INC.

FILED Mar 24, 2009 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
--	-----------------------------

7205 64TH WAY NORTH PINELLAS PARK, FL 33781

Current Mailing Address: New Mailing Address:

7205 64TH WAY NORTH
PINELLAS PARK, FL 33781

3016 ENISGLEN DRIVE
PALM HARBOR, FL 34683 US

FEI Number: 26-2471494 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DOULGERIS, JAMES
2730 MCMULLEN BOOTH ROAD
3016 ENISGLEN DRIVE
SUITE 203
CLEARWATER, FL 33761 US
DOULGERIS, JAMES
3016 ENISGLEN DRIVE
PALM HARBOR, FL 34683 US

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: 03/24/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P D (X) Change () Addition

 Name:
 LAURENTI, MARIO
 Name:
 LAURENTI, MARIO

 Address:
 7205 64TH WAY NORTH
 Address:
 7205 64TH WAY NORTH

 City-St-Zip:
 PINELLAS PARK, FL 33781
 City-St-Zip:
 PINELLAS PARK, FL 33781

Title: S T ( ) Delete Title: C T (X) Change ( ) Addition

Name:DOULGERIS, JAMESName:DOULGERIS, JAMESAddress:2730 MCMULLEN BOOTH ROAD, SUITE 203Address:3016 ENSIGLEN DRIVECity-St-Zip:CLEARWATER, FL 33761City-St-Zip:PALM HARBOR, FL 34683 US

Title: D ( ) Change (X) Addition

Name: Name: SONTAG, PETER
Address: Address: 2399 HILLCREEK CIRCLE EAST

Address: Address: 2399 HILLCREEK CIRCLE EAST City-St-Zip: City-St-Zip: CLEARWATER, FL 33759 US

Title: ( ) Delete Title: D ( ) Change (X) Addition

Name: Name: POLINS, ERIC
Address: Address: 1101 CHANNELSIDE DRIVE, SUITE 301

City-St-Zip: City-St-Zip: TAMPA, FL 33602 US

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: JAMES DOULGERIS C T 03/24/2009