FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 24 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N09968 (1)

1. Corporation Name

TAMPA TELECOM PARK OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
401 E. JACKSON STREET SUITE 2310 TAMPA FL 33602	3003 TAMIAMI TRAIL NORTH NAPLES FL 33940 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/26/1985
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2777936 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FLORA, TERRY L.
3003 TAMIAMI TRAIL NORTH
NAPLES FL 33940

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number Is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	BIRR, JEFFREY	1.2 NAME		
STREET ADDRESS	3003 TAMIAMI TRAIL NORTH	1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33940	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	KULPINSKI, RONALD W.	2.2 NAME		
STREET ADDRESS	ONE STAMFORD FORUM	2.3 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	BALLESTRU, CHRIS	3.2 NAME		
STREET ADDRESS	1 TAMPA CITY CENTRE SUITE 2752	3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33602	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	CARTER, JON	4.2 NAME		
STREET ADDRESS	1 EAST TELECOM PARKWAY	4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	T/D	☐ Change ☒ Addition
NAME		5.2 NAME	Wilde, Gina R.	
STREET ADDRESS		5.3 STREET ADDRESS	3003 Tamiami Trail N.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Naples, Florida 33940	
TITLE		6.1 TITLE	Assistant S/T	☐ Change ☒ Addition
NAME		6.2 NAME	Fairbanks, Kathy S.	
STREET ADDRESS		6.3 STREET ADDRESS	3003 Tamiami Trail N.	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Naples, Florida 33940	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joffroy M. Birr 4/13/95 813/261 4455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00018469