FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 20 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N0996

(1)

TAMPA TELECOM PARK OWNERS ASSOCIATION, INC.

				-						
Principal Plac	e of Business	Mailin	Mailing Address							
401 E. JACKSK SUITE 2310 TAMPA FL 336	-	NAPLE	3003 TAMIAMI TRAIL NORTH NAPLES FL 34103-2714 US							
							 Date Incorporated or Qualified 06/26/1985 			
2. Principal P	lace of Business	2a. Ma 26	2a. Mailing Address				E0_2777026		plied For t Applicable	
Sulte, Apt.	#, etc.	h	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional			Additional
22 City & Stat		27 Cit	City & State							quired
23	•	ļ ₁	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Zip Country		Zip Cou		ntry		8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29		30			Florida Statutes Yes No			
	9. Name and Address	of Current Registere	d Agent	· · · · · · · ·	81	Al	10. Name and Address of New Reg	Istered Agent		
					81	Name				
FLORA, TERRY L. 3003 TAMIAMI TRAIL NORTH					82	Street Add	dress (P.O. Box Number is Not Acceptable)			
	MIAMI IKAL NUKTH S FL 33940			:	83					
I WALLO	712 00070									
					84	,		FL 85	Zip C	į
 Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida Such change was authoragent. I am familiar with, and accept the obligations of, Section 617.0503, Florida 						named corpora	poration submits this statement for the prition's board of directors. I hereby accep	urpose of chang the appointme	jing its int as	registered registered
SIGNATURE	with tartinar with it area aboop	t the obligations of, of	01011 011.0000,77	orioa otac	utoo					
···	Signature, typed or printed name of			E Rogistered	Age	n! signature requ	ired when reinstating)	DATE		
12.		ICERS AND DIRECTO		13.			ADDITIONS/CHANGES TO OFFIC			
TITLE NAME	PD IEEEDEN		DELETE	1.110				☐ Ch	ange	Addition
STREET ADDRESS	BIRR, JEFFREY 3003 TAMIAMI TRAII	NADTH		1.2 NA		ADDRESS				
CITY-ST-ZIP	NAPLES FL 33940	LINOITE		1.4 CF		ADDRESS				1
TITLE	VD VD		DELETE	2.1 117		1-217		Ch	ange	Addition
NAME	KULPINSKI, RONALI	D.W.	<u>-</u>	2.2 NA					u.igc	
STREET ADDRESS	ONE STAMFORD FO			1 :		ADDRESS				
CITY-ST-ZIP	STAMFORD CT			2. 4 CI	TY-S	ST-ZIP				
TITLE	SD		☐ DELE1E	3.1 TIT	LE			☐ Ch	ange	Addition:
NAME	BALLESTRU, CHRIS			3.2 NA	ME		,			
STREET ADDRESS	1 TAMPA CITY CEN	TRE SUITE 2752		3.3 ST	REET	ADDRESS				
SCITY-ST-ZIP	TAMPA FL 33602			3 4. CI		J-ZIP				
TITLE	D OADTED JONE		☐ DELETE	4.1 111		1		L.J Ch	ange	☐ Addition
NAME	CARTER, JON	MODRIAN		4.2 N/	AME					
STREET ADORESS	1 EAST TELECOM F	AHKWAT				ADDRESS				
CITY+ST-ZIP TITLE	TAMPA FL		DELETE	4.4 CII 5.1 III		1-2IP				Addition
NAME	TD WILDE, GINA R.		L. DELLIE	5.1 111 5.2 NA				∐ Ch	ហាកិណ	Addition
STREET ADDRESS	3003 NORTH TAMIA	MI TRAII				ADDRESS				
CITY-ST-ZIP	NAPLES FL	IIII IIVIL		5.4 CH						
TITLE			DELETE	6.1 TIT				☐ Ch	anoe	Addition
NAME				6.2 NA					.02	
STREET ADDRESS				1		ADDRESS				
CITY-ST-ZIP				6.4,011						

14. I do hereby certify that the information supplied with this filing 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 1 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.