

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90131 005 ****61.25

DOCUMENT # N09968 1. Entity Name TAMPA TELECOM PARK OWNERS ASSOCIATION, INC.					
Principal Place of Business 3003 9TH STREET NORTH SUITE 400 NAPLES, FL 34103			Mailing Address 3003 TAMiami TRAIL NORTH SUITE 400 NAPLES, FL 34103 US		
2. Principal Place of Business 3003 TAMiami TRAIL N Suite, Apt. #, etc. SUITE 400 City & State NAPLES FL Zip 34103			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-2777936			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent UTTER, PATRICK L 3003 TAMiami TRAIL NORTH STE 400 NAPLES, FL 34103			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BIRR, JEFFREY 3003 TAMIAM TRAIL N, STE 400 NAPLES, FL 34103	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WATTS, SUSAN H 3003 TAMiami TRAIL N, STE 400 NAPLES FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD UTTER, PATRICK L 3003 TAMIAM TRAIL N, STE 400 NAPLES, FL 34103	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD UTTER, PATRICK L 3003 TAMiami TRAIL N, STE 400 NAPLES FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CORINA, ROBERT D 3003 TAMIAM TRAIL N, STE 400 NAPLES, FL 34103	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, CHRIS 150 CANYON DRIVE COPPELL TX 75019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Patrick L. Utter</u> PATRICK L. UTTER <u>4/30/04</u> <u>239-261-4455</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					