


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90032 035 \*\*\*\*61.25

<b>DOCUMENT # N24005</b> 1. Entity Name CORPORATE CENTER ASSOCIATION, INC.					
Principal Place of Business 1408 S DE SOTO AVENUE C/O DEAKIN PROPERTY SERVICES, LLC TAMPA, FL 33606			Mailing Address 1408 S. DE SOTO AVENUE C/O DEAKIN PROPERTY SERVICES TAMPA, FL 33606		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				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 reinstalling) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAGGART, JOSEPH W		NAME		
STREET ADDRESS	16401 AVILA BLVD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33613		CITY-ST-ZIP		
TITLE	VPD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLMES, ROBERT J		NAME		
STREET ADDRESS	1905 EBENEZER ROAD		STREET ADDRESS		
CITY-ST-ZIP	ROCK HILL, SC 29732		CITY-ST-ZIP		
TITLE	D		TITLE	DIRECTOR, VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TALLICHET, DAVID		NAME	TALLICHET, DAVID	
STREET ADDRESS	8191 EAST KAISER BLVD.		STREET ADDRESS	8191 KAISER BLVD	
CITY-ST-ZIP	ANAHEIM, CA 92808		CITY-ST-ZIP	ANAHEIM, CA 92808	
TITLE	VPD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KENNY, JOHN		NAME		
STREET ADDRESS	8191 EAST KAISER BLVD.		STREET ADDRESS		
CITY-ST-ZIP	ANAHEIM, CA 92808		CITY-ST-ZIP		
TITLE	TSD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEAKIN, BARBARA		NAME		
STREET ADDRESS	1408 S DE SOTO AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	SCOTT FINK	
STREET ADDRESS			STREET ADDRESS	3936 US Highway 19	
CITY-ST-ZIP			CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Barbara Deakin</i>			2/8/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			813-431-2811		

40018300



01302007 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-2957490

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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 \_\_\_\_\_

9. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	TAGGART, JOSEPH W	
STREET ADDRESS	16401 AVILA BLVD	
CITY-ST-ZIP	TAMPA, FL 33613	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HOLMES, ROBERT J	
STREET ADDRESS	1905 EBENEZER ROAD	
CITY-ST-ZIP	ROCK HILL, SC 29732	
TITLE	D	<input type="checkbox"/> Delete
NAME	TALLICHET, DAVID	
STREET ADDRESS	8191 EAST KAISER BLVD.	
CITY-ST-ZIP	ANAHEIM, CA 92808	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	KENNY, JOHN	
STREET ADDRESS	8191 EAST KAISER BLVD.	
CITY-ST-ZIP	ANAHEIM, CA 92808	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	DEAKIN, BARBARA	
STREET ADDRESS	1408 S DE SOTO AVE	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR, VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TALLICHET, DAVID
STREET ADDRESS	8191 KAISER BLVD
CITY-ST-ZIP	ANAHEIM, CA 92808
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT FINK
STREET ADDRESS	3936 US Highway 19
CITY-ST-ZIP	NEW PORT RICHEY FL 34652

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.