## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 07, 2008 8:00 am Secretary of State

## 04-07-2008 90053 009 \*\*\*\*61.25 DOCUMENT # N95000005756 1. Entity Name GULFCOAST CORPORATE PARK OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 1200 1ST AVE W. 1200 1ST AVE W. STE 200 **STE 200** BRADENTON, FL 34205 BRADENTON, FL 34205 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02152008 CR2E037 (12/06) Chg-NP Applied For City & State City & State 4. FEI Numbe 99375 <del>59-1055499</del> 65-Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PORGES, GREGORY J 111 THIRD AVENUE WEST Street Address (P.O. Box Number is Not Acceptable) BRADENTON, FL 34205 City 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 tate if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution, Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. PD TITLE TITLE ☐ Delete Addition MILLER, HUGH D NAME NAME 1200 1ST AVE W., STE 200 STREET ADDRESS STREET ADDRESS BRADENTON, FL 34205 C1TY - \$1 - 7/P CITY - ST - ZIP VD ☐ Delete TITLE ☐ Change Addition TITLE MILLER, C D NAME NAME STREET ADDRESS 1200 1ST AVE W., STE 200 STREET ADDRESS BRADENTON, FL 34205 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 information.

SIGNATURE: \_

SIGNATURE AND THEO OF FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-08

941-748-3433

Daytime Phone #