

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000006921

1. Entity Name
BUSINESS AND LAND OWNERS' ASSOCIATION OF
TAMIAMI TRAIL, INC.



Principal Place of Business
14415 TAMIAMI TRAIL
NORTH PORT, FL 34287

Mailing Address
P.O. BOX 7271
NORTH PORT, FL 34287 US



09132004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0797387

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ZAGROBELNY, JOHN M
14415 TAMIAMI TRAIL
NORTH PORT, FL 34287

**DO NOT WRITE
IN THIS SPACE**

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 September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000172268
09/15/04-80001-017 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ZAGROBELNY, JOHN M
STREET ADDRESS	6135 BOLANDER
CITY-ST-ZIP	NORTH PORT, FL 34287
TITLE	DS
NAME	GROVE, MARSHALL W
STREET ADDRESS	18362 ACKERMAN AVE.
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948
TITLE	DT
NAME	GROSS, BARBARA L
STREET ADDRESS	6468 SAFFORD TERR
CITY-ST-ZIP	NORTH PORT, FL 34287
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Barbara L Gross Barbara L GROSS 9/13/04 991/423.8314