


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2005 8:00 am
Secretary of State

06-03-2005 90001 034 ****61.25

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
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DO NOT WRITE IN THIS SPACE



05312005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0797387	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 reconstituting) DATE

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ZAGROBELNY, JOHN M <i>6435 BOLANDER 3335 Lake View Terrace</i> NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GROVE, MARSHALL W <i>48362 ACKERMAN AVE. 4132 Blitzen Terrace</i> <i>PORT CHARLOTTE, FL 33948 North Port 34287</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GROSS, BARBARA L 6468 SAFFORD TERR NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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)(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: *Barbara L Gross Barbara L Gross* *5/30/05* *941.423.8314*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #