


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2006 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
--	---

DO NOT WRITE IN THIS SPACE



08012006 No Chg-NP CR2E037 (4/06)

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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
-----------------	--	------------

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ZAGROBELNY, JOHN M 3335 LAKE VIEW TERRACE NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GROVE, MARSHALL W 4132 BLITZEN TERRACE NORTH PORT, FL 34287
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 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: <u>Barbara L Gross</u>	<u>Barbara L Gross</u>	<u>8/30/06</u>	<u>941.423.8314</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #