


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000004409 1. Entity Name SPECTRUM TECHNOLOGY PARK OWNERS ASSOCIATION, INC.	
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Principal Place of Business 777 S HARBOUR ISLAND BLVD SUITE 877 TAMPA, FL 33602	Mailing Address 777 S HARBOUR ISLAND BLVD SUITE 877 TAMPA, FL 33602
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04252005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3531611	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 HARROD, GARY W 777 S HARBOUR ISLAND BLVD SUITE 877 TAMPA, FL 33602
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<p>DO NOT WRITE IN THIS SPACE</p>
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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 reinstalling) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

U000000344222
04/29/05-80127-025 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HARROD, GARY W 777 S HARBOUR ISLAND BLVD SUITE 877 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EVANS, CATHY J 777 S HARBOUR ISLAND BLVD SUITE 877 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BENNETT, PATTI A 777 S HARBOUR ISLAND BLVD SUITE 877 TAMPA, FL 33602
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>DO NOT WRITE IN THIS SPACE</p>
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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:  **4-28-05** **813-229-1500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #