

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90088 034 ****61.25

DOCUMENT # N98000004810

1. Entity Name
TECHNOLOGY PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**333 S. TAMIAMIT TRAIL
SUITE 101
VENICE, FL 34285**

Mailing Address
**333 S. TAMIAMIT TRAIL
SUITE 101
VENICE, FL 34285**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03152005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0896811

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, MICHAEL W
395 COMMERCIAL CT, SUITE A
VENICE, FL 34292**

Name **Miller, Michael W.**

Street Address (P.O. Box Number is Not Acceptable)

333 S. Tamiami Trail Ste 101

City **Venice**

FL

Zip Code
34285

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 re-registering)

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PSD** ☐ Delete
NAME **PARRISH, JAYNE E**
STREET ADDRESS **333 S. TAMIAMIT TRAIL, SUITE 101**
CITY-ST-ZIP **VENICE, FL 34285**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **MILLER, MICHAEL W**
STREET ADDRESS **333 S. TAMIAMIT TRAIL, SUITE 101**
CITY-ST-ZIP **VENICE, FL 34285**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **DISTEFANO, PAUL**
STREET ADDRESS **333 S. TAMIAMIT TRAIL, SUITE 101**
CITY-ST-ZIP **VENICE, FL 34285**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #