## 2007 NOT-FOR-PROFIT CORPORATION

## May 01, 2007 8:00 am Secretary of State ANNUAL REPORT 05-01-2007 90055 037 \*\*\*\*61.25 DOCUMENT # N98000004810 TECHNOLOGY PARK CONDOMINIUM ASSOCIATION, INC. AUUUUU -Principal Place of Business Mailing Address 333 S. TAMIAMIT TRAIL 333 S. TAMIAMIT TRAIL SUITE 101 SUITE 101 VENICE, FL 34285 VENICE, FL 34285 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 03152007 Chg-NP CR2E037 (12/06) City & State City & State Applied For 4. FEI Numbe 65-0896811 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILLER, MICHAEL W Street Address (P.O. Box Number is Not Acceptable) 333 S TAMIAMI TRAIL STE 101 VENICE, FL 34285 Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be Make check payable to $\Box$ Trust Fund Contribution Florida Department of State Added to Fees Due by May 1, 2007 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11 PSD TITLE ☐ Delete TITLE Addition CONDIT, CLIFF 333 S. TAMIAMI TRL, STE 101 VENICE, FL 34285 PARRISH, JAYNE E NAME NAME 333 S. TAMIAMI TRAIL, SUITE 101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VENICE, FL 34285 CITY-ST-ZIP VĐ Delete TITLE THE Change Addition MILLER, MICHAEL W NAME NAME STREET ADDRESS 333 S. TAMIAMI TRAIL, SUITE 101 STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP VENICE, FL 34285 ☐ Delete ☐ Change ☐ Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete ☐ Addition TITLE ☐ Change TITLE NAME

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 attachmer

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

STREET ADDRESS

CITY - ST- 7IP

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**