

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90111 006 ****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 - No P.O. Box # 333 S. Tamiami Trail		3. Mailing Address 333 S. Tamiami Trail			
Suite, Apt. #, etc. Suite 203		Suite, Apt. #, etc. Suite 203			
City & State Venice, FL		City & State Venice, FL			
Zip 34285	Country		Zip 34285	Country	
6. Name and Address of Current Registered Agent MILLER, MICHAEL W 333 S TAMIAMIT TRAIL STE 101 VENICE, FL 34285			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 333 S. Tamiami Trail Suite 203 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 5/1/08 <small>Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee Is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PSD PARRISH, JAYNE E <input type="checkbox"/> Delete 333 S. TAMIAMIT TRAIL, SUITE 101 VENICE, FL 34285		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 333 S. Tamiami Trail, Suite 203 Venice, FL 34285	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, MICHAEL W <input type="checkbox"/> Delete 333 S. TAMIAMIT TRAIL, SUITE 101 VENICE, FL 34285		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 333 S. Tamiami Trail, Suite 203 Venice, FL 34285	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CONDIT, CLIFF <input checked="" type="checkbox"/> Delete 333 S TAMIAMIT TR STE 101 VENICE, FL 34285		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STD Timothy D. Miller 333 S. Tamiami Trail, Suite 203 Venice, FL 34285	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 an officer like empowered.					
SIGNATURE: 5/1/08 944 441 1651 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					