## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000140330

Entity Name: BANK OF FLORIDA - TAMPA BAY

FILED Mar 24, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Dusiness.	New Fillicipal Flace of Dusiliess.

777 S HARBOUR ISLAND BLVD SUITE 125 TAMPA, FL 33602

**Current Mailing Address: New Mailing Address:** 

777 S HARBOUR ISLAND BLVD SUITE 125 TAMPA, FL 33602

FEI Number: 20-1779341 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition DOUGLAS, BRADFORD G DOUGLAS, BRADFORD G Name: Name: 5100 W KENNEDY BLVD SUITE 225 Address: 3708 W. SWANN AVE., SUITE 200 Address: City-St-Zip: TAMPA, FL 33609

TAMPA, FL 33609 City-St-Zip:

Title: Title: () Delete (X) Change ( ) Addition

GIBBONS, SAM M Name: Name: WILLMAN, CHRIS D

3501 BAYSHORE BLVD Address: 777 S. HARBOUR ISLAND BLVD., STE. 100 Address:

TAMPA, FL 33629 TAMPA, FL 33602 City-St-Zip: City-St-Zip:

( ) Delete Title: (X) Change ( ) Addition Title: HELLWEGE, ROY N Name: HELLWEGE, ROY N Name:

777 S HARBOUR ISLAND BLVD, SUITE# 100 Address: 794 27TH AVE. N. Address:

City-St-Zip: TAMPA, FL 33602 City-St-Zip: ST. PETERESBURG, FL 33704

Title: ( ) Delete Title: (X) Change ( ) Addition HUGHES, H. WINGFIELD HUGHES, H. WINGFIELD Name: Name: Address: 213 HOBBS STREET Address: 4027 CRESCENT PARK DR. City-St-Zip: City-St-Zip: TAMPA, FL 33619 RIVERVIEW, FL 33578

Title: Title: () Change () Addition ( ) Delete

KALOUST, EDWARD Name: Name: Address: 921 SEDDON COVE Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip:

Title: () Delete Title: () Change () Addition

SHUCK, ROBERT Name: Name: 13606 EAGLES WALK DRIVE Address: Address: City-St-Zip: CLEARWATER, FL 33762 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J. FLEMING **EVP** 03/24/2009