

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000005964

**FILED**  
**Jan 29, 2016**  
**Secretary of State**  
**CC9675024060**

**Entity Name:** PORT YBOR ASSOCIATION, INC.

**Current Principal Place of Business:**

1101 CHANNELSIDE DR.  
4TH FLOOR  
TAMPA, FL 33602

**Current Mailing Address:**

1101 CHANNELSIDE DR.  
4TH FLOOR  
TAMPA, FL 33602

**FEI Number:** 41-2261521

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KLUG, CHARLES E  
TAMPA PORT AUTHORITY  
1101 CHANNELSIDE DRIVE, 4TH FL  
TAMPA, FL 33602 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DPVP  
Name MACALUSO, MICHAEL  
Address 1101 CHANNELSIDE DRIVE, 4TH FL  
City-State-Zip: TAMPA FL 33602

Title DST  
Name ROBERTS, CRAIG  
Address 1101 CHANNELSIDE DRIVE, 4TH FL  
City-State-Zip: TAMPA FL 33602

Title D  
Name HARTY, JESSE  
Address 30 IVAN ALLEN JR BLVD  
SUITE 950  
City-State-Zip: ATLANTA GA 30308

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHAEL MACALUSO**

**PRESIDENT**

**01/29/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date