

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000005964

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

**Current Principal Place of Business:**

1101 CHANNELSIDE DR.  
4TH FLOOR  
TAMPA, FL 33602

**FILED**  
**Mar 09, 2023**  
**Secretary of State**  
**8209158331CC**

**Current Mailing Address:**

2654 CYPRESS RIDGE BLVD.  
SUITE 101  
WESLEY CHAPEL, FL 33544 US

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

Title TREASURER  
Name DELAC, DAVID M  
Address 1101 CHANNELSIDE DRIVE, 4TH FL  
City-State-Zip: TAMPA FL 33602

Title DIRECTOR  
Name TRENT, DAVID  
Address 1717 MCKINNEY AVENUE  
SUITE 1900  
City-State-Zip: DALLAS TX 75202

Title SECRETARY  
Name GLESSING, RONALD  
Address 1101 CHANNELSIDE DR.  
4TH FLOOR  
City-State-Zip: TAMPA FL 33602

Title PRESIDENT  
Name MANELLI, DENNIS E  
Address 1800 GRANT STREET  
City-State-Zip: TAMPA FL 33605

*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:** DENNIS MANELLI

**PRESIDENT**

**03/09/2023**

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

\_\_\_\_\_  
Date