


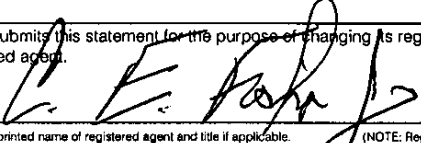
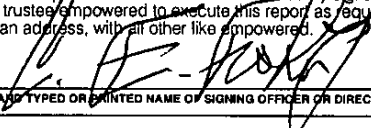
2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90089 020 ****61.25

J0011001



DOCUMENT # N04000004615			
1. Entity Name COLEMAN BUSINESS CENTRE, CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 5104 S RIDGEWOOD AVE PORT ORANGE, FL 32127		Mailing Address 5104 S RIDGEWOOD AVE PORT ORANGE, FL 32127	
2. Principal Place of Business 4170 Dairy Court Suite, Apt. #, etc.		3. Mailing Address 1326 S. Ridgewood Ave. Suite 7	
City & State Port Orange, FL		City & State Daytona Beach, FL	
Zip 32127	Country USA	Zip 32114	Country
6. Name and Address of Current Registered Agent COLEMAN, R.A. 5104 S RIDGEWOOD AVE PORT ORANGE, FL 32127		7. Name and Address of New Registered Agent Name: C. E. Fisher, Jr. Street Address (P.O. Box Numbers Not Acceptable): 1326 S. Ridgewood Ave Suite 7 City: Daytona Beach FL Zip Code: 32114	
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:  DATE: 2/3/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2005		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	DP COLEMAN, R.A. 5104 S RIDGEWOOD AVE PORT ORANGE, FL 32127 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Brady, Donald T 4170 Dairy Court #103 Port Orange FL 32127 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST CUCCHERO, ROSEMARY 5104 S RIDGEWOOD AVE PORT ORANGE, FL 32127 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT Fisher, C. E. Jr. 1326 S. Ridgewood Ave #7 Daytona Beach FL 32114 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SWEET, JEFFREY C 595 W GRANADA BLVD STE A ORMOND BCH, FL 32174 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Castillo, Rodolfo 4170 Dairy Court #106 Port Orange, FL 32127 <input type="checkbox"/> Change <input checked="" 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
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 exemption stated in Section 119.07(3)(i), 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 all other like empowered.			
SIGNATURE: 		2/3/05 386-255-9478 Date Daytime Phone #	