

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 29, 2005
Secretary of State**

DOCUMENT# N96000005770

Entity Name: AAA BUSINESS PARK OF NEW SMYRNA BEACH OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

713 LIVE OAK STREET
NEW SMYRNA BEACH, FL 32168 US

New Principal Place of Business:

Current Mailing Address:

713 LIVE OAK STREET
NEW SMYRNA BEACH, FL 32168 US

New Mailing Address:

FEI Number: 59-3416669 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILEY, DAVID J
713 LIVE OAK STREET
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILEY, DAVID J
Address: 713 LIVE OAK STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D () Delete
Name: WILEY, KAREN A
Address: 254 GOLF CLUB DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D () Delete
Name: DRIGGERS, RON
Address: 719 LIVE OAK STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ETHRIDGE, STEVE
Address: 705 LIVE OAK STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D (X) Change () Addition
Name: STONECIPHER, RICHARD
Address: 719 LIVE OAK STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DAVID WILEY

Electronic Signature of Signing Officer or Director

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04/29/2005

Date