

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000006842

**Entity Name:** FRUITVILLE OFFICE PARK CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 06, 2022**  
**Secretary of State**  
**0391481709CC**

**Current Principal Place of Business:**

3277 FRUITVILLE ROAD  
BUILDING E  
SARASOTA, FL 34237

**Current Mailing Address:**

3277 FRUITVILLE ROAD  
BUILDING E  
SARASOTA, FL 34237 US

**FEI Number: 16-1630015**

**Certificate of Status Desired: No**

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

WALTERS, DOUGLAS C  
3277 FRUITVILLE ROAD  
BUILDING E  
SARASOTA, FL 34237 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: DOUGLAS C WALTERS**

**04/06/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            GOLDEN, WAYNE DR.  
Address        3277 FRUITVILLE ROAD, BUILDING A-1  
City-State-Zip: SARASOTA FL 34237

Title            DIRECTOR  
Name            MESKO, GARY  
Address        3277B FRUITVILLE ROAD  
City-State-Zip: SARASOTA FL 34237

Title            VP, DIRECTOR, TREASURER  
Name            WALTERS, DOUGLAS  
Address        3277 FRUITVILLE RD, BUILDING E  
City-State-Zip: SARASOTA FL 34237

Title            DIRECTOR  
Name            WILSON, CHARLES H  
Address        P. O. BOX 2838  
City-State-Zip: SARASOTA FL 34230

Title            SECRETARY, DIRECTOR  
Name            ROBERTO, NICHOLAS  
Address        3277 FRUITVILLE ROAD, BUILDING D-1  
City-State-Zip: SARASOTA FL 34277

Title            DIRECTOR  
Name            MOSCOW, JEFF  
Address        3277 FRUITVILLE ROAD  
BUILDING A-1  
City-State-Zip: SARASOTA FL 34237

*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: DOUGLAS C WALTERS**

**TREASURER**

**04/06/2022**

Electronic Signature of Signing Officer/Director Detail

Date