


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N00000006364</b> 1. Entity Name MCINTOSH BUSINESS PARK CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 4545 MARIOTTI CT BOX #16 SARASOTA, FL 34233	Mailing Address 4545 MARIOTTI CT BOX #16 SARASOTA, FL 34233
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03182008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1058301	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  HANKIN, LAWRENCE M 1820 RINGLING BLVD SARASOTA, FL 34236
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when relating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

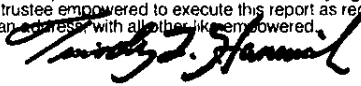
U00000086572

04/08/08-80034-019 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUSSOMANNO, TOM 4545 MARIOTTI CT #1 SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SWEENEY, JACK 4545 MARIOTTI CT #D SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HANEWICH, TIM 4545 MARIOTTI CT #1 SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O HORN, RON 4545 MARIOTTI CT #D SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/08  
Date

941-555-8470  
Daytime Phone #