2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005
Secretary of State

DOCUMENT# N01000003881

Entity Name: THE FRUITVILLE BUSINESS CENTER ASSOCIATION, INC.

Current Principal Place of Business:

2033 MAIN STREET #600
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

2033 MAIN STREET #600
SARASOTA, FL 34237

New Mailing Address:

FEI Number: 13-3970849 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FUREN, MICHAEL J
2033 MAIN STREET
SUITE 600
SARASOTA, FL 34237 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: PD ( ) Delete
Name: KRAMER, CHARLES
Address: 501 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10022

Title: VSD ( ) Delete
Name: SAMTON, ZACHARY E
Address: 501 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10022

Title: TD ( ) Delete
Name: KUSHNER, BRAD
Address: 501 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10022

Title: D ( ) Delete
Name: BRUDER, RONALD
Address: 501 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10022

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: CHARLES KRAMER PD 04/05/2005

Electronic Signature of Signing Officer or Director — Date