

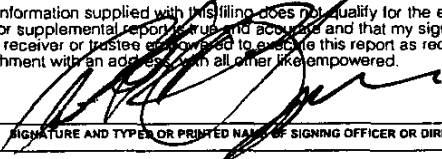


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90011 031 ****70.00

DOCUMENT # N01000003881					
1. Entity Name THE FRUITVILLE BUSINESS CENTER ASSOCIATION, INC.					
Principal Place of Business 2033 MAIN STREET #600 SARASOTA, FL 34237			Mailing Address 2033 MAIN STREET #600 SARASOTA, FL 34237		
2. Principal Place of Business - No P.O. Box # 31 Sarasota Center Blvd.		3. Mailing Address 31 Sarasota Center Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Sarasota, FL		City & State Sarasota, FL		4. FEI Number 13-3970849	
Zip 34240		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FUREN, MICHAEL J 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237			7. Name and Address of New Registered Agent Name: Clifford M. King Street Address (P.O. Box Number is Not Acceptable): 2033 Main Street, Ste. 303 City: Sarasota FL Zip Code: 34237		
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 2-1-07		
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, 2007		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 PD NAME KRAMER, CHARLES STREET ADDRESS 501 MADISON AVENUE CITY-ST-ZIP NEW YORK, NY 10022	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Michael R. Lepore STREET ADDRESS 31 Sarasota Center Blvd. CITY-ST-ZIP Sarasota, FL 34240	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VSD NAME SAMTON, ZACHARY E STREET ADDRESS 501 MADISON AVENUE CITY-ST-ZIP NEW YORK, NY 10022	<input checked="" type="checkbox"/> Delete		TITLE VP D NAME Maria L. Bankemper STREET ADDRESS 31 Sarasota Center Blvd. CITY-ST-ZIP Sarasota, FL 34240	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME KUSHNER, BRAD STREET ADDRESS 501 MADISON AVENUE CITY-ST-ZIP NEW YORK, NY 10022	<input checked="" type="checkbox"/> Delete		TITLE TS D NAME Edward L. Bankemper STREET ADDRESS 31 Sarasota Center Blvd. CITY-ST-ZIP Sarasota, FL 34240	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BRUDER, RONALD STREET ADDRESS 501 MADISON AVENUE CITY-ST-ZIP NEW YORK, NY 10022	<input checked="" 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 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: 			DATE 2-1-07		
Signature and typed or printed name of signing officer or director			Date Daytime Phone #		