


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

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000003881 1. Entity Name THE FRUITVILLE BUSINESS CENTER ASSOCIATION, INC.	
---	---

Principal Place of Business 31 SARASOTA CENTER BLVD. SARASOTA, FL 34237	Mailing Address 31 SARASOTA CENTER BLVD. SARASOTA, FL 34237
---	---



04092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3970849	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 KING, CLIFFORD M 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237
--

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	------------

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


9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEPORE, MICHEAL R 31 SARASOTA CENTER BLVD. SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D BANKEMPER, MARIA L 31 SARASATO CENTER BLVD. SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS D BANKEMPER, EDWARD L 31 SARASOTA CENTER BLVD. SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U000000320387
05/14/08-80042-007 61.25

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4-21-08 <small>Date</small>	941 379-8777 <small>Daytime Phone #</small>
--	---------------------------------------	---