

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003881

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: THE FRUITVILLE BUSINESS CENTER ASSOCIATION, INC.

**Current Principal Place of Business:**

31 SARASOTA CENTER BLVD.  
SARASOTA, FL 34237

**New Principal Place of Business:**

306 N RHODES AVE.  
SUITE 109  
SARASOTA, FL 34237

**Current Mailing Address:**

31 SARASOTA CENTER BLVD.  
SARASOTA, FL 34237

**New Mailing Address:**

306 N RHODES AVE.  
SUITE 109  
SARASOTA, FL 34237

FEI Number: 13-3970849

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KING, CLIFFORD M  
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: LEPORE, MICHEAL R  
Address: 31 SARASOTA CENTER BLVD.  
City-St-Zip: SARASOTA, FL 34240

Title: VP D ( ) Delete  
Name: BANKEMPER, MARIA L  
Address: 31 SARASOTA CENTER BLVD.  
City-St-Zip: SARASOTA, FL 34240

Title: TS D ( ) Delete  
Name: BANKEMPER, EDWARD L  
Address: 31 SARASOTA CENTER BLVD.  
City-St-Zip: SARASOTA, FL 34240

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: LEPORE, MICHEAL R  
Address: 306 N RHODES AVE., SUITE 109  
City-St-Zip: SARASOTA, FL 34237

Title: VP D (X) Change ( ) Addition  
Name: BANKEMPER, MARIA L  
Address: 306 N RHODES AVE., SUITE 109  
City-St-Zip: SARASOTA, FL 34237

Title: TS D (X) Change ( ) Addition  
Name: BANKEMPER, EDWARD L  
Address: 306 N RHODES AVE., SUITE 109  
City-St-Zip: SARASOTA, FL 34237

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: EDWARD L. BANKEMPER

TSD

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date