

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000009016	
1. Entity Name GLOBAL BUSINESS CENTER CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business SARASOTA MANAGEMENT & LEASING 70 SARASOTA CENTER BLVD SARASOTA, FL 34242	Mailing Address SARASOTA MANAGEMENT & LEASING 70 SARASOTA CENTER BLVD SARASOTA, FL 34242
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02062008 No Chg-NP CR2E037 (4/06)

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4. FEI Number 06-1688480	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SARASOTA MANAGEMENT & LEASING
70 SARASOTA CENTER BLVD
SARASOTA, FL 34240

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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 reinstating) DATE _____

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

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

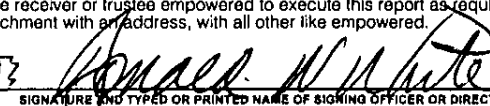
U000000876204
04/11/08-80064-019 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITE, DON 1574 GLOBAL CT 7 SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HAWKINS, JAMES 1554 GLOBAL CT 2 SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HAMILTON, TB 1570 GLOBAL CT 6 SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MARKEL, JIM 1801 GLENGARY STREET SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SUTTON, WILLIAM 1801 GLENGARY STREET SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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

Date _____ Daytime Phone # _____