

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # N04000009405

1. Entity Name  
TOMOKA BUSINESS CENTER CONDOMINIUM  
ASSOCIATION, INC.



Principal Place of Business  
916 N US 1 # 11  
UNIT 11  
ORMOND BEACH, FL 32174

Mailing Address  
916 N US 1 # 11  
UNIT 11  
ORMOND BEACH, FL 32174

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01042007 Chg-NP CR2E037 (12/06)

4. FEI Number  
20-1240308

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

RIVA, STANLEY  
6 SPIVEYS COURT  
ORMOND BEACH, FL 32174

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE: DGRABE  
NAME: GARY  
STREET ADDRESS: 1076 SHOKNEY DRIVE  
CITY-ST-ZIP: ORMOND BEACH, FL 32174

Delete

TITLE: P  
NAME: RIVA, STANLEY  
STREET ADDRESS: 6 SPIVEYS COURT  
CITY-ST-ZIP: ORMOND BEACH, FL 32174

Delete

TITLE: D  
NAME: WILBURN, LARRY  
STREET ADDRESS: 300 WASHINGTON PLACE  
CITY-ST-ZIP: ORMOND BEACH, FL 32174

Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

Change  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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-07

386-673-0711  
Daytime Phone #