

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009405

FILED
Jan 06, 2009
Secretary of State

Entity Name: TOMOKA BUSINESS CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

916 N US 1
UNIT 11
ORMOND BEACH, FL 32174

Current Mailing Address:

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

New Mailing Address:

916 N US 1
UNIT 11
ORMOND BEACH, FL 32174

FEI Number: 20-1240308

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVA, STANLEY
6 SPIVEYS COURT
ORMOND BEACH, FL 32174 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: D () Delete
Name: GRABE, GARY
Address: 1076 SHOEKNEY DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: P () Delete
Name: RIVA, STANLEY
Address: 6 SPIVEYS COURT
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: WILBURN, LARRY
Address: 300 WASHINGTON PLACE
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GRABE, GARY
Address: 1076 SHOCKNEY DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STANLEY J. RIVA

P

01/06/2009

Electronic Signature of Signing Officer or Director

Date