

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000009405

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Entity Name:** TOMOKA BUSINESS CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

916 N US 1  
UNIT 11  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

916 N US 1  
UNIT 11  
ORMOND BEACH, FL 32174

**New Mailing Address:**

**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  
Name: GRABE, GARY  
Address: 1076 SHOCKNEY DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174

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

Title: D  
Name: LOGAN, SHARON  
Address: 180 VINING CT.  
City-St-Zip: ORMOND BEACH, FL 32176

I hereby 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 all other like empowered.

SIGNATURE: STANLEY RIVA

P

01/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date