

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90060 035 ****61.25

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

Principal Place of Business
131-B, BUSINESS CENTER DRIVE STE 11 ORMOND BEACH, FL 32174

Mailing Address
131-B, BUSINESS CENTER DRIVE STE 11 ORMOND BEACH, FL 32174

40074193



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 1626
 Suite, Apt. #, etc.

04182007 Chg-NP CR2E037 (12/06)

City & State
ORMOND BEACH, FL

4. FEI Number
20-4467426

Applied For
 Not Applicable

Zip Country
32175 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TUMBLESON, J. DOYLE
150 SOUTH PALMETTO AVE STE A
DAYTONA BEACH, FL 32114

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** Delete
 NAME **BLEDSON, LORE L**
 STREET ADDRESS **131-B, BUSINESS CENTER DRIVE STE 11**
 CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DV** Delete
 NAME **BLEDSON, J. RONNIE**
 STREET ADDRESS **131-B, BUSINESS CENTER DRIVE STE 11**
 CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DST** Delete
 NAME **COLEMAN, CATHY E**
 STREET ADDRESS **131-B, BUSINESS CENTER DRIVE STE 11**
 CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Lore L. Bledson* **LORE L. BLEDSOE** **04-18-07** **386-676-1501**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #