
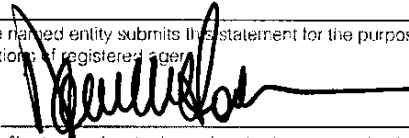


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90199 005 \*\*\*\*61.25

<b>DOCUMENT # NC 000004929</b>					
1. Entity Name <b>SARASOTA BUSINESS CENTER II CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>6321 PORTER RD SARASOTA FL 34240</b>			Mailing Address <b>2055 WOOD ST SUITE 202 SARASOTA FL 34237</b>		
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	4. FEI Number <b>20-3446609</b>	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>HOWELL, DAVID 740 COMMERCE DR., UNIT 11 VENICE FL 34292</b>				7. Name and Address of New Registered Agent Name <b>DAVID HOWELL</b> Street Address (P.O. Box Number is Not Acceptable) <b>12002 MIRAMAR PKWY</b> City <b>MIRAMAR</b> FL Zip Code <b>33025</b>	
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, print or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)					



1st MOORE CR2E037 (10/07)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP HOWELL, DAVID 12002 MIRAMAR PARKWAY MIRAMAR FL 33025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD HOWELL, ENID 12002 MIRAMAR PKWY MIRAMAR FL 33025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD NELSON, TERRY 6341 PORTER RD #7 SARASOTA FL 34237	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD RICHARD SPANSKI 6301 PORTER ROAD #11 SARASOTA, FL 34240	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 my name and with all other line empowered.

SIGNATURE: 

4/14/08 954-443-3660