

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004929

FILED
Feb 24, 2009
Secretary of State

Entity Name: SARASOTA BUSINESS CENTER II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6321 PORTER RD
SARASOTA, FL 34240

New Principal Place of Business:

1530 DOLPHIN STREET
SUITE 4
SARASOTA, FL 34236

Current Mailing Address:

2055 WOOD ST
SUITE 202
SARASOTA, FL 34237

New Mailing Address:

PO BOX 2789
SARASOTA, FL 34230

FEI Number: 20-3446609

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWELL, DAVID
12002 MIRAMAR PKWY.
MIRAMAR, FL 33025 US

Name and Address of New Registered Agent:

KLING, RENEE R
1530 DOLPHIN STREET
SUITE 4
SARASOTA, FL 34236 US

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: RENEE RICHARDSON KLING

02/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HOWELL, DAVID
Address: 12002 MIRAMAR PARKWAY
City-St-Zip: MIRAMAR, FL 33025

Title: VPD () Delete
Name: HOWELL, ENID
Address: 12002 MIRAMAR PKWY
City-St-Zip: MIRAMAR, FL 33025

Title: STD () Delete
Name: SPANSKI, RICHARD
Address: 6301 PORTER ROAD #11
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change () Addition
Name: RAUCH, MARTY
Address: 6321 PORTER RD #8A
City-St-Zip: SARASOTA, FL 34240

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: RENEE RICHARDSON KLING

RA

02/24/2009

Electronic Signature of Signing Officer or Director

Date