**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)**

NONPROFIT CORPORATION ANNUAL REPORT

**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 25 AM 8:10

DOCUMENT # **N10767** **(4)**

1. Corporation Name

**THE 512 BUILDING OWNER'S ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 9675 FLEMING GRANT RD.<br>MICCO FL 32976 | 9675 FLEMING GRANT RD.<br>MICCO FL 32976 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/20/1985
3a. Date of Last Report: 05/26/1994
4. FEI Number: 65-0129140 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 805 S.R. 512 | 26 SAME |
| Suite, Apt. #, etc.<br>22 SUITE 3 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 SEBASTIAN, FL | City & State<br>28 |
| Zip<br>24 32958 Country<br>25 INDIAN RIVER | Zip<br>29 Country<br>30 |

9. Name and Address of Current Registered Agent

VANDEVOORDE, RENE G
1327 N CENTRAL AVE
SEBASTIAN FL

KENNETH L. MOSKOWITZ
805 S.R. 512
SUITE 3
SEBASTIAN, FL 32958

10. Name and Address of New Registered Agent

81 Name: KENNETH L. MOSKOWITZ
82 Street Address (P.O. Box Number is Not Acceptable): 805 S.R. 512
83 SUITE 3
84 City: SEBASTIAN FL 85 Zip Code: 32958

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: KENNETH L. MOSKOWITZ 7-18-95
(Signature, Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | PD ☒ Change ☐ Addition |
| NAME | CARTER, BURNEY J | 12 NAME | ILAN SHAPIRO |
| STREET ADDRESS | 1623 N. U.S. #1 STE. #A-2 | 13 STREET ADDRESS | 805 S.R. 512 SUITE 3 |
| CITY-ST-ZIP | SEBASTIAN FL 32958 | 14 CITY-ST-ZIP | SEBASTIAN, FL 32958 |
| TITLE | SD | 21 TITLE | SD ☒ Change ☐ Addition |
| NAME | CARTER, BURNEY J | 22 NAME | LINDA MCLAIN |
| STREET ADDRESS | 1623 U.S. #1 STE. A-2 | 23 STREET ADDRESS | 9740 FLEMING GRANT RD |
| CITY-ST-ZIP | SEBASTIAN FL 32958 | 24 CITY-ST-ZIP | SEBASTIAN, FL 32958 |
| TITLE | VD | 31 TITLE | VD ☒ Change ☐ Addition |
| NAME | MCLAIN, LINDA | 32 NAME | WAYNE TOZZOLLO |
| STREET ADDRESS | 9740 FLEMING GRANT RD | 33 STREET ADDRESS | 805 S.R. 512 SUITE 4 |
| CITY-ST-ZIP | SEBASTIAN FL 32958 | 34 CITY-ST-ZIP | SEBASTIAN, FL 32958 |
| TITLE | TD | 41 TITLE | TD ☒ Change ☐ Addition |
| NAME | TOZZOLLO, WAYNE | 42 NAME | KENNETH L. MOSKOWITZ |
| STREET ADDRESS | 805 FELLSMERE RD. | 43 STREET ADDRESS | 805 S.R. 512 SUITE 3 |
| CITY-ST-ZIP | SEBASTIAN FL 32958 | 44 CITY-ST-ZIP | SEBASTIAN, FL 32958 |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** KENNETH L. MOSKOWITZ 7-18-95 4071 589-2299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0005061