

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N10767** (4)

1. Corporation Name

THE 512 BUILDING OWNER'S ASSOCIATION, INC.



Principal Place of Business

Mailing Address

805 SR 512
SUITE 3
SEBASTIAN FL 32958
US

9675 FLEMING GRANT RD.
MICO FL 32976

SAME AS PRINCIPAL

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOSKOWITZ, KENNETH
805 SR 512
SUITE 3
SEBASTIAN FL 32458

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

2-12-96

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

NAME

SHAPIRO, ILAN

STREET ADDRESS

805 SR 512 SUITE 3

CITY - ST - ZIP

SEBASTIAN FL

TITLE

SD

☐ DELETE

NAME

MCLAIN, LINDA

STREET ADDRESS

9740 FLEMING GRANT RD

CITY - ST - ZIP

SEBASTIAN FL MICO, FL

TITLE

VD

☐ DELETE

NAME

TOZZOLLO, WAYNE

STREET ADDRESS

805 SR 512 SUITE 4

CITY - ST - ZIP

SEBASTIAN FL

TITLE

TD

☐ DELETE

NAME

MOSKOWITZ, KENNETH L.

STREET ADDRESS

805 SR 512, SUITE 3

CITY - ST - ZIP

SEBASTIAN FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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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)(k), 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; and that I am empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, as changed, or both, in agreement with an address.

SIGNATURE:

Kenneth L. Moskowitz

2-12-96

407/589-2299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)