

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N10767

1. Entity Name
THE 512 BUILDING OWNER'S ASSOCIATION, INC.



Principal Place of Business

**805 SR 512
SUITE 3
SEBASTIAN, FL 32958 US**

Mailing Address

**805 SR 512
SUITE 3
SEBASTIAN, FL 32958 US**



01102006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0129140

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TOZZOLO, WAYNE
805 SEBASTIAN BLVD.
SUITE 3
SEBASTIAN, FL 32458**

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IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TOZZOLO, WAYNE
STREET ADDRESS	805 SR 512 STES. 3&4
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	SD
NAME	MCLAIN, LINDA
STREET ADDRESS	9740 FLEMING GRANT RD
CITY-ST-ZIP	MICCCO, FL
TITLE	VD
NAME	MADIGAN, RUTH
STREET ADDRESS	805 SR 512 STE. 1
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1107000389538
01/20/06-80052-012 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WAYNE R. TOZZOLO

DATE

Daytime Phone #

1/12/06 772-388-3322