


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # N10767 1. Entity Name THE 512 BUILDING OWNER'S ASSOCIATION, INC.	
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Principal Place of Business 805 SR 512 SUITE 3 SEBASTIAN, FL 32958 US	Mailing Address 805 SR 512 SUITE 3 SEBASTIAN, FL 32958 US
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01182008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0129140	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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 NAME STREET ADDRESS CITY-ST-ZIP	PD TOZZOLO, WAYNE 805 SR 512 STES. 3&4 SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCLAIN, LINDA 9740 FLEMING GRANT RD MICCCO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MADIGAN, RUTH 805 SR 512 STE. 1 SEBASTIAN, FL 32958

TITLE NAME STREET ADDRESS CITY-ST-ZIP
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01/28/08-80028-011 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

1-21-08

Date

772-388-7322

Daytime Phone #