

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N42792		
1. Entity Name COASTAL BUSINESS PARK OF ORMOND BEACH CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 1096 N U.S. HWY 1 UNIT 109 ORMOND BEACH, FL 32174	Mailing Address 1096 N U.S. HWY 1 UNIT 109 ORMOND BEACH, FL 32174	
DO NOT WRITE IN THIS SPACE		
<div style="text-align: right;">01062005 No Chg-NP CR2E037 (10/03)</div> <div style="display: flex; justify-content: space-between;"><div>4. FEI Number 59-3048582</div><div>Applied For Not Applicable</div></div> <div style="display: flex; justify-content: space-between;"><div>5. Certificate of Status Desired <input type="checkbox"/></div><div>\$8.75 Additional Fee Required</div></div>		
6. Name and Address of Current Registered Agent MARESCO, HONORA M. 1096 N US HWY 1 UNIT 109 ORMOND BEACH, FL 32174		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAGEN, JAMES 1096 N US HWY 1 ORMOND BEACH, FL 32174	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ALBERT, RICHARD 1096 N US HWY 1 #107 ORMOND BEACH, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MARESCO, HONORA M. 1096 N US HWY 1 #109 ORMOND BEACH, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CURTIS, RONALD 1096 N. US HWY #1 ORMOND BEACH, FL 32174	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PECHMANN, LOUIS 1096 N. US HWY 1 ORMOND BEACH, FL 32174	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Honora M. Maresco</u> <u>1/17/05</u> <u>386 677 7070</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		