

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 08 1998 8:00am**  
**Secretary of State**

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # N94000002054 (4)**

1. Corporation Name

**SECURITY FIRST BUSINESS PARK COMMERCIAL OWNERS AND TENANTS ASSOCIATION, INC.**



Principal Place of Business <b>3010 S. PENINSULA DRIVE DAYTONA BEACH FL 32118</b>	Mailing Address <b>3010 S. PENINSULA DRIVE DAYTONA BEACH FL 32118</b>
--	--

3. Date Incorporated or Qualified

**04/25/1994**

4. FEI Number

**59-3224647**

Applied For

Not Applicable

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDERSON, GEORGE D  
C/O HOLIDAY INN OCEANFRONT  
2560 N. ATLANTIC AVENUE  
DAYTONA BEACH FL 32118**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>ANDERSON, GEORGE D</b>	
STREET ADDRESS	<b>3010 S. PENINSULA DRIVE</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32118</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>BUCKLEY, DENNIS M</b>	
STREET ADDRESS	<b>1037 N. HALIFAX DRIVE</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32178</b>	
TITLE	<b>VO</b>	<input type="checkbox"/> DELETE
NAME	<b>SENKOVICH, MICHAEL A</b>	
STREET ADDRESS	<b>2323 S. ATLANTIC AVENUE</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH SHORES FL 32118</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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:** *Dennis M Buckley* **4-3-98** **904-441-3630**

CR2E037 (10/97)