FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9400002054

1. Corporation Name

SECURITY FIRST BUSINESS PARK COMMERCIAL OWNERS A ND TENANTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

26

3010 S. PENINSULA DRIVE DAYTONA BEACH FL 32118

2. Principal Place of Business

3010 S. PENINSULA DRIVE DAYTONA BEACH FL 32118

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90099 037 ****61.25

3. Date Incorporated or Qualifed

04/25/1994

| 21 | | 26 | | | 04/25/1994 | ··· | . , , | |
|--------------------------------------|--|-----------------------------------|-------------|-------------------------------|---|---------------------------|--|----------------------|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | Applied For | | | |
| 22 - ~ | | 27 | | | 59-3224647 | | | Applicable |
| City & Stat | е | City & State | | | 5. Certificate of Status Desired | | \$8.75 A | I |
| Zip | Country | Zip | Country | | 6. Election Campaign Financing | | \$5.00 | May Be |
| 24 | 25 29 30 | | | Trust Fund Contribution Added | | | | Fees |
| | 9. Name and Address of Current | | | | 10. Name and Address of New F | Registered / | \gent | |
| | | | 81 | Name | | | | - |
| ANDERSON, GEORGE D | | | | Street Addre | ess (P.O. Box Number is Not Accepta | able) | | |
| C/O HOLIDAY INN OCEANFRONT | | | 82 | Ollege Addit | () (0: 20x (10) (0) (10) (10) (10) | | | |
| 2560 N. ATLANTIC AVENUE | | | 83 | | | , | | |
| DAYTONA BEACH FL 32118 | | | 94 | City | | | 85 Zip C | ode |
| DATTONA DEACH FL 32110 | | | 84 | City | | FL | 21p C | |
| office or r agent. I a | to the provisions of Sections 617.0502 registered agent, or both, in the State of m familiar with, and accept the obligation | i Florida. Such change was auf | norized by | tne corporatioi | oration submits this statement for the n's board of directors. I hereby acce | purpose of optithe appoin | changing its the transfer of t | egistered istered |
| SIGNATURE | Signature, typed or printed name of registered agent a | and title if applicable. (NOTE: R | | t signature required | | DATE | | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OF | FICERS AN | | |
| TITLE | PD | ☐ DELETÉ | 1.1 TITLE | | | | Change | ☐ Addition |
| NAME | ANDERSON, GEORGE D | | 1.2 NAME | | | | | |
| STREET ADDRESS | 3010 S. PENINSULA DRIVE | | 1.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | DAYTONA BEACH FL 32118 | | 1.4 CITY-S | T-Z3P | | | | |
| ΠTLE | STD | ☐ DELETE | 2.1 TITLE | | | | Change | Addition |
| NAME | BUCKLEY, DENNIS M | | 2.2 NAME | ŀ | | | | |
| STREET ADDRESS 1037 N. HALIFAX DRIVE | | 2.3 STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | ORMOND BEACH FL 32176 | | 2.4 CITY-S | T-ZIP | | | | |
| TITLE | VD | ☐ DELETE | 3.1 TITLE | | | | ☐ Change | Addition |
| NAME | SENKOVICH, MICHAEL A | | 3.2 NAME | | | | | |
| STREET ADDRESS | ARROW A ATLANTIC AVENUE | | 3.3 STREE | ADDRESS | | | | |
| CITY-ST-ZIP | DAYTONA BEACH SHORES FL 3 | 32118 | 3.4, CITY-S | T-ZIP | | | | |
| TITLE | - 122 | DELETE | 4.1 TITLE | | | | Change | ☐ Addition |
| NAME | | | 4.2 NAME | | | | | |
| STREET ADDRESS | | | 4.3 STREE | ADDRESS | | | | |
| CITY-ST-ZIP | | | 4.4 CITY-S | T-ZIP | | | ··· | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | | ☐ Change | Addition |
| NAME | | | 5.2 NAME | | | | | |
| STREET ADDRESS | | | 5.3 STREE | ADDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-S | r-zip | | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | | Change | Addition |
| NAME | | | 6.2 NAME | | | | | |
| STREET ADDRESS | | | 6.3 STREE | ADDRESS | | | | |
| | | | 6.4 CITY-S | T-ZIP | | | | 1 |
| CITY-ST-ZIP | 1 | 11 CU | | | notion 110 07(3)(i) Florida Statutes | 1 futbor ood | if that the in | formation |

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, with all other like empowered.

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