


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 26 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005758 (6)**

1. Corporation Name

**INNOVATION BUILDING COMPLEX I CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**2147 PORTER LAKE DRIVE  
SARASOTA FL 34240**

**2147 PORTER LAKE DRIVE  
SARASOTA FL 34240**

FBI

# **65-0694761**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/04/1995</b>	3a. Date of Last Report <b>06/11/1996</b>
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2. Principal Place of Business	2a. Mailing Address
21 <b>2123 - E Porter Lake Drive</b>	26 <b>2123 - E Porter Lake Drive</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 <b>Unit E</b>	27 <b>Unit E</b>
City & State	City & State
23 <b>Sarasota, FL</b>	28 <b>Sarasota, FL</b>
Zip	Zip
24 <b>34240</b>	29 <b>34240</b>
Country	Country
25 <b>USA</b>	30 <b>USA</b>

4. FEI Number <b>APPLIED FOR 65-0694761</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SABA, RICHARD D  
2033 MAIN STREET #303  
SARASOTA FL 34237**

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SCHWARTZ, MANNY</b>	1.2 NAME	<b>John McCarthy</b>
STREET ADDRESS	<b>2147 PORTER LAKE DRIVE</b>	1.3 STREET ADDRESS	<b>2123 - E Porter Lake Drive</b>
CITY-ST-ZIP	<b>SARASOTA FL 34240</b>	1.4 CITY-ST-ZIP	<b>Sarasota, FL 34240</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SCHWARTZ, LILLIAN</b>	2.2 NAME	<b>Charles Huber</b>
STREET ADDRESS	<b>2147 PORTER LAKE DRIVE</b>	2.3 STREET ADDRESS	<b>2123 - AEB Porter Lake Drive</b>
CITY-ST-ZIP	<b>SARASOTA FL 34240</b>	2.4 CITY-ST-ZIP	<b>Sarasota, FL 34240</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SCHWARTZ, STEVEN</b>	3.2 NAME	<b>Steve Schwartz</b>
STREET ADDRESS	<b>2147 PORTER LAKE DRIVE</b>	3.3 STREET ADDRESS	<b>2025 - E Porter Lake Drive</b>
CITY-ST-ZIP	<b>SARASOTA FL 34240</b>	3.4 CITY-ST-ZIP	<b>Sarasota, FL 34240</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>100002279311</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>-08/28/97--01013--013</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>***61.25</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 reports 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 \_\_\_\_\_ SIGNATURE REQUIRED

CR2E037 (4/97)