


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 8:00 am
Secretary of State

03-17-2005 90019 014 ****61.25

DOCUMENT # N95000005758 1. Entity Name INNOVATION BUILDING COMPLEX I CONDOMINIUM ASSOCIATION, INC.						
Principal Place of Business 2123-E PORTER LAKE DRIVE UNIT E SARASOTA, FL 34240			Mailing Address 2123-E PORTER LAKE DRIVE UNIT E SARASOTA, FL 34240			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 65-0694761		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
KUHN, HAROLD 2123 D PORTER LAKE DRIVE SARASOTA, FL 34240				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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		
Make check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOONEY, KEN			NAME		
STREET ADDRESS	2123 F & G PORTER LAKE DRIVE			STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 34240			CITY - ST - ZIP		
TITLE	VPD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KUHN, HAROLD C			NAME		
STREET ADDRESS	2123-D PORTER LAKE DRIVE			STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 34240			CITY - ST - ZIP		
TITLE	TD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KUHN, HAROLD			NAME		
STREET ADDRESS	2123-C&D PORTER LK DR			STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 34240			CITY - ST - ZIP		
TITLE	T <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KUHN, KYLE			NAME		
STREET ADDRESS	2123-D PORTER LAKE DRIVE			STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 34240			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS						
CITY - ST - ZIP						
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				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>Kenneth M. Mowsey</u> 3-14-05 (941-379-0784) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						