*2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000005758

Entity Name

INNOVATION BUILDING COMPLEX I CONDOMINIUM ASSOCIATION, INC.



FILED Mar 06, 2008 08:00 All Secretary of State

Principal Place of Business

2123-E PORTËR LAKE DRIVE UNIT E

SARASOTA, FL 34240

Malling Address

2123-E PORTER LAKE DRIVE

UNIT E

SARASOTA, FL 34240



DO NOT WRITE IN THIS SPACE

01072008 No Chg-NP

CR2E037 (4/08)

4. FEt Number 65-0694761 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KUHN, HAROLD 2123 D PORTER LAKE DRIVE SARASOTA, FL 34240

SIGNATURE: Harold C Kuhn

DO NOT WRITE IN THIS SPACE

3/4/08

941-379-0784

Dayline Pixine #

 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. It am familiar with, and accept the obligations of registered agent. 					
SIGNATURE					
Signature, typed or printed name of registered agent and tritle il applicable (NOTE: Registered Agent alignature required when remaining) DATE					
	Filing Fee is \$61.25 Due by May 1, 2008	Blection Campaign Final Trust Fund Contribution		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOONEY, KEN 2123 F & G PORTER LAKE DRIVE SARASOTA, FL 34240				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KUHN, HAROLD C 2123-D PORTER LAKE DRIVE SARASOTA, FL 34240				U00000849821 03/21/08-80036-007 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KUHN, HAROLD 2123-C&D PORTER LK DR SARASOTA, FL 34240			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KUHN, KYLE 2123-D PORTER LAKE DRIVE SARASOTA, FL 34240			IN	THIS SPACE
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CITY-ST-ZIP		•	,		· · · · · · · · · · · · · · · · · · ·
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information indicated on this report or supplemental report is rue 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 817, 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.					

INTER NAME OF SIGNING OFFICER OR DIRECTOR