2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# N95000005758

Entity Name: INNOVATION BUILDING COMPLEX I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2123-E PORTER LAKE DRIVE
UNIT E
SARASOTA, FL 34240

New Principal Place of Business:

Current Mailing Address:

2123-E PORTER LAKE DRIVE
UNIT E
SARASOTA, FL 34240

New Mailing Address:

FEI Number: 65-0694761 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	MOONEY, KEN	
Address:	2123 F & G PORTER LAKE DRIVE	
City-St-Zip:	SARASOTA, FL 34240	
Title:	VPD	( ) Delete
Name:	KUHN, HAROLD C	
Address:	2123-D PORTER LAKE DRIVE	
City-St-Zip:	SARASOTA, FL 34240	
Title:	TD	( ) Delete
Name:	KUHN, HAROLD	
Address:	2123-C&D PORTER LK DR	
City-St-Zip:	SARASOTA, FL 34240	
Title:	T	( ) Delete
Name:	KUHN, KYLE	
Address:	2123-D PORTER LAKE DRIVE	
City-St-Zip:	SARASOTA, FL 34240	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD C. KUHN VP 03/25/2009

Electronic Signature of Signing Officer or Director — Date