2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003704

FILED May 12, 2008 Secretary of State

Entity Name: BRONSON RETAIL PLAZA BUILDING OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1805 SE 16TH AVE #101 507 NE 8TH AVE OCALA, FL 34471 OCALA, FL 34470

Current Mailing Address: New Mailing Address:

1805 SE 16TH AVE #101 507 NE 8TH AVE OCALA, FL 34471 OCALA, FL 34470

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MIDGETT, DAVID E

1805 SE 16TH AVE #101

OCALA, FL 34471 US

MIDGETT, DAVID E

507 NE 8TH AVE

OCALA, FL 34470 US

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: DAVID MIDGETT 05/12/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: DPT () Delete Title: DPT (X) Change () Addition

 Name:
 MIDGETT, DAVID E
 Name:
 MIDGETT, DAVID E

 Address:
 1805 SE 16TH AVE #101
 Address:
 507 NE 8TH AVE

 City-St-Zip:
 OCALA, FL 34471
 City-St-Zip:
 OCALA, FL 34470

Title: DV () Delete Title: DV (X) Change () Addition Name: HEMNESS, EMMA Name: HEMNESS, EMMA

 Name:
 HEMNESS, EMMA
 Name:
 HEMNESS, EMMA

 Address:
 1805 SE 16TH AVE #101
 Address:
 309 N PARSONS AVE

 City-St-Zip:
 OCALA, FL 34471
 City-St-Zip:
 BRANDON, FL

 $\label{eq:title:DS} \mbox{Title:} \mbox{ DS } \mbox{ () Delete} \mbox{ Title:} \mbox{ DS } \mbox{ (X) Change () Addition}$

 Name:
 BELL, STUART R
 Name:
 BELL, STUART R

 Address:
 1805 SE 16TH AVE #101
 Address:
 507 NE 8TH AVE

 City-St-Zip:
 OCALA, FL 34471
 City-St-Zip:
 OCALA, FL 34470

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: DAVID MIDGETT MGRM 05/12/2008