

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000003581

**Entity Name:** NATIONAL ASSOCIATION OF TWO-YEAR-OLD CONSIGNORS, INC.**FILED**  
**Mar 20, 2017**  
**Secretary of State**  
**CC5245162355****Current Principal Place of Business:**1633 NW 80TH AVE  
OCALA, FL 34482**Current Mailing Address:**1633 NW 80TH AVE  
OCALA, FL 34482 US**FEI Number: 01-0653029****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MULLIGAN, MICHAEL  
3825 NW130TH AVE.  
OCALA, FL 34482 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**Title PD  
Name MULLIGAN, MICHAEL  
Address 3825 NW 130TH AVE.  
City-State-Zip: OCALA FL 34482Title TD  
Name EISAMAN, VMD, BARRY  
Address 15749 W. HWY. 316  
City-State-Zip: WILLISTON FL 32696Title D  
Name DUNNE, CIARAN  
Address 14850 W. HWY. 40  
City-State-Zip: OCALA FL 34481Title D  
Name BRENNAN, NIAL  
Address 9119 NW HWY. 225A  
City-State-Zip: OCALA FL 34482Title D  
Name WOODS, EDDIE  
Address 14870 W. HWY. 40  
City-State-Zip: OCALA FL 34481Title VD  
Name DE MERIC, NICK  
Address 4001 NW 130TH AVE  
City-State-Zip: OCALA FL 34482

*I hereby 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 all other like empowered.*

**SIGNATURE: MICHAEL MULLIGAN****PD****03/20/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date