

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000006419

**FILED**  
**Apr 15, 2015**  
**Secretary of State**  
**CC1118682654**

**Entity Name:** SELECT BUSINESS ASSOCIATES OF OCALA, INC

**Current Principal Place of Business:**

2015 SW 17TH STREET  
OCALA, FL 34471

**Current Mailing Address:**

5400 NW 78TH COURT  
OCALA, FL 34482 US

**FEI Number:** 46-3220360

**Certificate of Status Desired:** Yes

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

MAIELLARO, RONALD A  
5400 NW 78TH COURT  
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:** RONALD A MAIELLARO

04/15/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name KRUMM, WALTER  
Address 3890 NW GAINESVILLE ROAD  
City-State-Zip: OCALA FL 34475

Title VP  
Name LOURY, TOM  
Address 17400 SW 47 LANE  
City-State-Zip: DUNNELLON FL 34432

Title S/T  
Name MAIELLARO, RON  
Address 5400 NW 78TH CT  
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:** RONALD A MAIELLARO

**SECRETARY/TREASURER** 04/15/2015

Electronic Signature of Signing Officer/Director Detail

Date