

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90242 021 ****61.25

DOCUMENT # N00000005623	
1. Entity Name EASY STREET BUSINESS CENTRE PROPERTY OWNERS' ASSOCIATION, INC.	

Principal Place of Business 2400 SW 21 CIRCLE #300 OCALA, FL 34474	Mailing Address PO BOX 5130 #300 OCALA, FL 34478
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14008930



2. Principal Place of Business 2801-18 SW College Rd Suite, Apt. #, etc.	3. Mailing Address PO Box 5130 Suite, Apt. #, etc.
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04182005 Chg-NP CR2E037 (10/03)

City & State Ocala FL	City & State Ocala FL
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4. FEI Number 59-3681081	Applied For Not Applicable
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Zip 34474	Country US	Zip 34478	Country US
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GLASSMAN, JEROME 2400 SW 21 CIRCLE #300 OCALA, FL 34474	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2801-18 SW College Rd City Ocala FL Zip Code 34474	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLASSMAN, SHARON 2400 SW 21 CIR. OCALA, FL 34474 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2801-18 SW College Rd Ocala FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FOWLER, DEBRA 2400 SW 21 CIR. OCALA, FL 34474 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2801-18 SW College Rd Ocala FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, STEVEN H 125 NE 1ST AVENUE #1 OCALA, FL 34470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 617, 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.

SIGNATURE:  **SHARON GLASSMAN** 04/26/2005 (352) 237-1136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #