

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90315 041 ****61.25

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1. Entity Name
**EASY STREET BUSINESS CENTRE PROPERTY
OWNERS' ASSOCIATION, INC.**



Principal Place of Business
**2801-18 SW COLLEGE RD
OCALA, FL 34474**

Mailing Address
**PO BOX 5130
OCALA, FL 34478**

60025134



03292006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3681081

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GLASSMAN, JEROME
2801-18 SW COLLEGE RD
OCALA, FL 34474**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GLASSMAN, SHARON
STREET ADDRESS 2801-18 SW COLLEGE RD
CITY-ST-ZIP Ocala, FL 34474

TITLE STD
NAME FOWLER, DEBRA
STREET ADDRESS 2801-18 SW COLLEGE RD
CITY-ST-ZIP Ocala, FL 34474

TITLE D
NAME GRAY, STEVEN H
STREET ADDRESS 125 NE 1ST AVENUE #1
CITY-ST-ZIP Ocala, FL 34470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 03/30/2006 352/237/1186

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #