

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000006253

1. Entity Name
**DUNNELON BUSINESS CENTER OWNERS'
ASSOCIATION, INC.**



Principal Place of Business

377 NW 14TH SE
OCALA, FL 34475

Mailing Address

POST OFFICE BOX 1389
OCALA, FL 34478



03022005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3755873

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOXON, HENRY J
377 NW 14TH ST
OCALA, FL 34475

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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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HENRY J. G. MOXON
STREET ADDRESS 377 N.W. 14TH STREET
CITY-ST-ZIP Ocala, FL 34470

TITLE STD
NAME MOXON, MARJORIE L
STREET ADDRESS 377 N.W. 14TH STREET
CITY-ST-ZIP Ocala, FL 34470

TITLE VD
NAME SWEARINGEN, DONALD G
STREET ADDRESS 377 N.W. 14TH STREET
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

U000000272094
03/21/05-80077-005 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Henry J. G. Moxon, President HENRY J. G. MOXON 3/8/05 352/732-2724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #