


**FILED**  
**Sep 10, 2004 8:00 am**  
**Secretary of State**

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

8/26/

08-26-2004 90006 024 \*\*\*\*61.25

<b>DOCUMENT # N02000003910</b>					
1. Entry Name <b>THE 1721 CONDOMIUM BUILDING OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business 1721 SE 16 AVE STE D OCALA, FL 34471			Mailing Address 1721 SE 16 AVE STE D STE 102 OCALA, FL 34471		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>102</b>			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 11-3648816	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FLANAGAN, GREGROY S 230 NE 25 AVE STE 200 OCALA, FL 34470			Name <b>Jeffrey L. Sauey</b> Street Address (P.O. Box Number is Not Acceptable) <b>1721 S.E. 16th Avenue</b> Suite <b>101</b> City <b>Ocala</b> FL Zip Code <b>34471</b>		
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 <b>Jeffrey L. Sauey, Jeffrey L. Sauey</b>		DATE <b>7/9/04</b>			
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SAURY, JEFFREY 1721 SE 16 AVE STE 101 OCALA, FL 34471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SAUEY, JEFFREY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KASPAR, JOHN 1808 SE 32 LANE OCALA, FL 34471 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gaylord, Ron 1721 SE 16th Ave # 101 Ocala, FL 34471 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HOLDER, DIANA L 1721 SE 16 AVE STE 102 OCALA, FL 34471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWMAN, CURTIS 1721 SE 16TH AVE STE 103 OCALA, FL 34471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWMAN, CURTIS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: <b>Diana Holder</b>		DATE <b>7/9/04</b> (352) 237-7141			

**66433376**



07012004 Chg-NP CR2E037 (10/03)