


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000003910		
1. Entity Name THE 1721 CONDOMINIUM BUILDING OWNERS ASSOCIATION, INC.		
Principal Place of Business 1721 SE 16 AVE STE 102 OCALA, FL 34471	Mailing Address 1721 SE 16 AVE STE 102 OCALA, FL 34471	



01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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 SAUEY, JEFFREY L 1721 S.E. 16TH AVENUE SUITE 101 OCALA, FL 34471	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SAUEY, JEFFREY 1721 SE 16 AVE STE 101 OCALA, FL 34471	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HOLDER, DIANA L 1721 SE 16 AVE STE 102 OCALA, FL 34471	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEUMAN, CURTIS 1721 SE 16TH AVE STE 103 OCALA, FL 34471	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAYLORD, RON 1721 SE 16TH AVE #104 OCALA, FL 34471	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

1100000181585
01/18/05-80003-019 61.25

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: Diana Holder Diana Holder DST 1/5/05 352-237-1141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #