

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

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000000656

1. Entity Name
**THE 2701 CONDOMINIUM BUILDING OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**2701 SE MARICAMP RD STE 4
OCALA, FL 34471**

Mailing Address
**2701 SE MARICAMP RD STE 4
OCALA, FL 34471**



01052006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
02-0723353

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

**FLANAGAN, GREGORY S ESQ.
2701 SE MARICAMP RD STE 4
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

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	DP
NAME	FLANAGAN, GREGORY S
STREET ADDRESS	1619 SE 22ND AVE
CITY-ST-ZIP	OCALA, FL 34471
TITLE	DVST
NAME	ARNETT, JOHN W
STREET ADDRESS	1371 SW 43RD PL
CITY-ST-ZIP	OCALA, FL 34474
TITLE	D
NAME	MILTON, ALVIN L
STREET ADDRESS	1809 SE 32ND LN
CITY-ST-ZIP	OCALA, FL 34471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000001389674
01/20/06-80056-004 61.25

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREGORY S FLANAGAN President

1/13/06

Date

(352) 732-2773

Daytime Phone #