

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

FILED
Jul 03, 2008 08:00 AM
Secretary of State



07022008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0723353

Applied For
Not Applicable

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

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 September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
FLANAGAN, GREGORY S
1619 SE 22ND AVE
OCALA, FL 34471

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVST
ARNETT, JOHN W
1371 SW 43RD PL
OCALA, FL 34474

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MILTON, ALVIN L
1809 SE 32ND LN
OCALA, FL 34471

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000953496
07/03/08-80001-003 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 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

Date

Daytime Phone #

GREGORY S FLANAGAN PRES, 7/2/08 352/732-2773