

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

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90063 047 ****61.25

DOCUMENT # N03000009502

1. Entity Name

**OAK RIDGE BUSINESS CENTER PROPERTY OWNERS'
ASSOCIATION, INC.**



Principal Place of Business

**2437 S.E. 17TH ST., STE. 102
OCALA, FL 34471**

Mailing Address

**2437 S.E. 17TH ST., STE. 102
OCALA, FL 34471**

60017404



01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number

20-0942478

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

**EHLERS, HENRY A
2437 SE 17TH ST., STE 102
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 PD
NAME EHLERS, HENRY A
STREET ADDRESS 2437 S.E. 17TH ST., STE. 102
CITY-ST-ZIP Ocala, FL 34471

TITLE VSTD
NAME GLASSMAN, JEROME
STREET ADDRESS P.O. BOX 5130
CITY-ST-ZIP Ocala, FL 344785130

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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

Date

Daytime Phone #

Henry A. Ehlers **Henry A. Ehlers, Pres** **FEB 14, 2006** **(352) 351-3511**