

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N03480 (3)**

1. Corporation Name

**OCALA COMMERCE INDUSTRIAL PLAZA CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

1552 SW 7TH RD  
P.O. BOX 1987  
OCALA FL 34478  
US

Mailing Address

1552 SW 7TH RD  
P.O. BOX 1987  
OCALA FL 34478  
US



3. Date Incorporated or Qualified  
**06/06/1984**

3a. Date of Last Report  
**08/02/1995**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARR, CARL E  
692 NW 30TH AVE  
OCALA FL 34475**

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☒ DELETE  
NAME **CAMARGO, PEDRO P**  
STREET ADDRESS **572 SILVER COURSE CIR**  
CITY-ST-ZIP **OCALA FL**

TITLE **D** ☐ DELETE  
NAME **CAR, ELLIOT**  
STREET ADDRESS **1540 SW 7TH RD**  
CITY-ST-ZIP **OCALA FL**

TITLE **PD** ☐ DELETE  
NAME **CARR, CARL E**  
STREET ADDRESS **692 NW 30TH AVE**  
CITY-ST-ZIP **OCALA FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition  
1.2 NAME **KATHY KNOWLEN**  
1.3 STREET ADDRESS **956 SILVER COURSE CIRCLE**  
1.4 CITY-ST-ZIP **OCALA FL 34472**

2.1 TITLE **VD** ☒ Change ☐ Addition  
2.2 NAME **CARR, ELLIOT**  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP **OCALA FL 34474**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP **OCALA FL 34475**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Carl E Carr*

**CARL E. CARR**

**2-19-96**

**352-368-3509**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)