


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

<b>DOCUMENT # N03480</b>	
1. Entity Name OCALA COMMERCE INDUSTRIAL PLAZA CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 1552 SW 7TH RD P.O. BOX 1987 OCALA, FL 34470 US	Mailing Address 2631 SE 3RD STREET ATTN: DWIGHT GANOE OCALA, FL 34471 US
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01062006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2555139	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  GANOE, DWIGHT 2631 SE 3RD ST OCALA, FL 34471
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**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, 2006**

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	D KNOWLEN, KATHY 556 SILVER COURSE CIRCLE OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRANTE, CHRISTINE 1540 SW 7TH RD OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GANOE, DWIGHT 2631 SE 3RD ST OCALA, FL 34471
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01/23/06-60007-025 61.25

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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: Dwight D Gano 1/12/06 352-620-3394  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #