


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90047 036 \*\*\*\*61.25

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

**40011889**



Principal Place of Business <b>1552 SW 7TH RD P.O. BOX 1987 OCALA, FL 34470 US</b>	Mailing Address <b>2631 SE 3RD STREET ATTN: DWIGHT GANOE OCALA, FL 34471 US</b>
2. Principal Place of Business - No P.O. Box # <b>2710 E. SILVER SPRINGS BLVD</b>	3. Mailing Address <b>2710 E. SILVER SPRINGS BLVD.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01082007 Chg-NP CR2E037 (12/06)

City & State <b>OCALA, FL</b>	City & State <b>OCALA, FL</b>	4. FEI Number <b>59-2555139</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34470</b>	Country <b>USA</b>	Zip <b>34470</b>	Country <b>USA</b>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>GANOE, DWIGHT 2631 SE 3RD ST OCALA, FL 34471</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2710 E. SILVER SPRINGS BLVD</b> City <b>OCALA, FL</b> Zip Code <b>34470</b>	
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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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOWLEN, KATHY 556 SILVER COURSE CIRCLE OCALA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRANTE, CHRISTINE 1540 SW 7TH RD OCALA, FL 34474 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GANOE, DWIGHT 2631 SE 3RD ST OCALA, FL 34471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DWIGHT GANOE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2710 E. SILVER SPRINGS BLVD OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Ganoë  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #