NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2006 8:00 am
Secretary of State
04-28-2006 90234 001 ***211.25

DOCUMENT # N04000002853

1. Entity Name
D+D BUSINESS CENTER PROPERTY OWNERS ASSOCIATION, IN

DO NOT WRITE IN THIS SPACE

66012758

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4680 S.E. 120th ST	4680 S.E. 120th ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BELLEVIEW, FL.	City & State: BELLEVIEW, FL.
Zip: 34420 Country: MARION	Zip: 34420 Country: MARION

4. FEI Number 42-1664296 ☐ Applied For ☐ Not Applicable

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

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7. **Name and Address of Current Registered Agent**

Name: DONALD D. HARRELL
Street Address (P.O. Box Number is Not Acceptable): 4680 S.E. 120th ST.
BELLEVIEW FL Zip Code 34420

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

FEE IS $61.25 Initial or Amended UBR

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

TITLE	PRESIDENT	TITLE	
NAME	DONALD D. HARRELL	NAME	
STREET ADDRESS	4680 S.E. 120th ST.	STREET ADDRESS	
CITY-ST-ZIP	BELLEVIEW, FL. 34420	CITY-ST-ZIP	
TITLE	STVP	TITLE	
NAME	DIANA S HARRELL	NAME	
STREET ADDRESS	4680 S.E. 120th ST,	STREET ADDRESS	
CITY-ST-ZIP	BELLEVIEW, FL 34420	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: DIANA S. HARRELL 4-25-06 352-347-7714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #