

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002314

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** RHODES-DRISCOLL PROFESSIONAL BUILDING CONDOMINIUM OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1701 NE 42ND AVE  
UNIT 101  
OCALA, FL 34470

**New Principal Place of Business:**

**Current Mailing Address:**

1701 NE 42ND AVE  
UNIT 101  
OCALA, FL 34470

**New Mailing Address:**

**FEI Number:** 20-2560540

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RHODES, THOMAS E  
1701 NE 42ND AVE  
UNIT 101  
OCALA, FL 34470 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RHODES, THOMAS E  
Address: 1290 SE 91ST PLACE  
City-St-Zip: OCALA, FL 34480

Title: S ( ) Delete  
Name: DRISCOLL, MARY S  
Address: 1701 NE 42ND AVENUE UNIT 102  
City-St-Zip: OCALA, FL 34470

Title: VP (X) Delete  
Name: STAUSS, DON H JR.  
Address: 6184 NE 69TH STREET  
City-St-Zip: SILVER SPRINGS, FL 34488

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS E. RHODES

PRES

04/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date