

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2007  
Secretary of State**

DOCUMENT# N06000004618

Entity Name: THE BUILDING 8 CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1805 SE 16TH AVE BLDG. 800  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

1805 SE 16TH AVE BLDG. 800  
OCALA, FL 34471

**New Mailing Address:**

1805 SE 16TH AVE BLDG. 800  
#801  
OCALA, FL 34471

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

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

FLANAGAN, GREGORY S  
2701 SE MARICAMP ROAD SUITE 104  
OCALA, FL 34471 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: PD ( ) Delete  
Name: BAZEMORE, WILLIAM D  
Address: PO BOX 298  
City-St-Zip: MCINTOSH, FL 32664

Title: VD ( ) Delete  
Name: WONG, JAMES FONG  
Address: 1805 SE 16TH AVE BLDG. 800  
City-St-Zip: Ocala, FL 34471

Title: STD ( ) Delete  
Name: BAZEMORE, JOHN L  
Address: PO BOX 739  
City-St-Zip: MCINTOSH, FL 32664

**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: JLBAZEMORE

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

MR

04/30/2007

\_\_\_\_\_  
Date