

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90016 002 ****61.25

DOCUMENT # N07000002971

1. Entity Name

FRIENDSHIP COMMONS OFFICE PARK ASSOCIATION, INC.



Principal Place of Business

**8447 SW 99TH STREET ROAD
OCALA FL 34481**

Mailing Address

**8447 SW 99TH STREET ROAD
OCALA FL 34481**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

26-1927272

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

**COLEN, GERALD R
7243 BRYAN DAIRY RD
LARGO FL 33777-1538**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
COLEN, KENNETH D
8447 SW 99TH STREET ROAD
OCALA FL 34481** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DV
WOOLBRIGHT, C. GUY
8447 SW 99TH STREET ROAD
OCALA FL 34481** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
COLEN, ROBERT
8447 SW 99TH STREET ROAD
OCALA FL 34481** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth D. Colen

352-873-0848