

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90044 010 ****70.00

DOCUMENT # N25978

1. Entity Name
NORRIS BUILDING CONDOMINIUM ASSOCIATION,
INCORPORATED



Principal Place of Business

107 NE 1ST AVE
OCALA, FL 34470-6661

Mailing Address

107 NE 1ST AVE
OCALA, FL 34470-6661

DO NOT WRITE IN THIS SPACE



01252008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-2905500

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BERRYHILL, MICHAEL W.
107 NE 1ST AVE.
OCALA, FL 34470

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOFFMAN, DAVID M.
STREET ADDRESS	107 NE 1ST AVE
CITY-ST-ZIP	OCALA, FL 34470
TITLE	SD
NAME	BERRYHILL, MICHAEL W.
STREET ADDRESS	107 NE 1ST AVE
CITY-ST-ZIP	OCALA, FL 34470
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME DESIGNING OFFICER OR DIRECTOR

Michael W. Berryhill

1/28/08

352 622-4220

Date

Daytime Phone #