

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N32486

1. Entity Name
**ON TOP OF THE WORLD (CENTRAL) CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**8447 S.W. 99TH STREET ROAD
OCALA, FL 34481**

Mailing Address
**8447 S.W. 99TH STREET ROAD
OCALA, FL 34481**



02242005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2935417

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COLEN, GERALD R ESQ
DEVITO & COLEN
7243 BRYAN DAIRY ROAD
LARGO, FL 33777**

**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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC COLEN, SIDNEY 2291 WORLD PARKWAY BLVD. WEST CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KEEVER, BARBARA 8447 S.W. 99TH STREET ROAD OCALA, FL 34481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC COLEN, KENNETH D 8447 S.W. 99TH STREET ROAD OCALA, FL 34481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARANDA, PHILIP 8447 S.W. 99TH STREET ROAD OCALA, FL 34481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST THOMAS, BARBARA 8447 S.W. 99TH STREET ROAD OCALA, FL 34481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/10/05-90053-002 61.25

**DO NOT WRITE
IN THIS SPACE**

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 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

Date

Daytime Phone #

352-873-0845