

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000000414

1. Entity Name
ORMOND TOWN COMMERCIAL CENTER PROPERTY
OWNERS ASSOCIATION, INC.



FILED
05 MAY 10 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
675 N. BEACH ST
ORMOND BEACH, FL 32174 US

Mailing Address
P.O. BOX 730086
ORMOND BEACH, FL 32173 US



01112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3257933

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HOLUB, PAUL F JR.
675 N. BEACH STREET
ORMOND BEACH, FL 32174

**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 D
NAME HOLUB, PAUL F JR.
STREET ADDRESS 675 N BEACH STREET
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE D
NAME HOLUB, PAUL F SR.
STREET ADDRESS 1512 POPLAR
CITY-ST-ZIP ORMOND BEACH, FL

TITLE ~~V~~
NAME ~~FOWLER, TERRY~~
STREET ADDRESS ~~9770 BAYMEADOWS RD., SUITE 437~~
CITY-ST-ZIP ~~JACKSONVILLE, FL 32256~~

TITLE D
NAME GORMLEY, DEBBIE
STREET ADDRESS P.O. BOX 730086
CITY-ST-ZIP ORMAOND BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

\$5/18

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05/18/05--01059--013 **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

Date

Daytime Phone #

3-22-05