


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000003081 1. Entity Name POST HORN ESTATE NORTH PROPERTY OWNER ASSOCIATION, INC.	
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Principal Place of Business 260 S.E. 69TH PLACE OCALA, FL 34480	Mailing Address 260 S.E. 69TH PLACE OCALA, FL 34480
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DO NOT WRITE IN THIS SPACE



03122004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3648560	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BATSCH, JOHN C
260 S. E 69TH PLACE
OCALA, FL 34480

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2004**

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	D BATSCH, JOHN C 260 S E 69TH PLACE OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATTERBEE, MELISSA 333 SE 69TH PL OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, LISA 550 S E 69TH PLACE OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/07/04-80017-015 61.25

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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

3/22/04 3527325245
Date Daytime Phone #