


2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 22, 2005 8:00 am**  
**Secretary of State**

02-22-2005 90024 013 \*\*\*\*61.25

<b>DOCUMENT # N40612</b>					
1. Entity Name COUNTRY MEADOWS HOMEOWNERS ASSOCIATION OF OCALA, INC.					
Principal Place of Business 7833 SW 62ND CT OCALA, FL 34476		Mailing Address PO BOX 771413 OCALA, FL 34477			
2. Principal Place of Business <i>SAME</i>		3. Mailing Address <i>SAME</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3053033	
Zip		Country		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			7. Name and Address of New Registered Agent		
STERMER, ROBERT A 8585 SW HWY 200 STE 9 OCALA, FL 34481			Name <i>SAME</i>		
			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLE, MARY ANN		NAME	<i>COLE, PHILIP</i>	
STREET ADDRESS	7819 SW 63RD AVE		STREET ADDRESS	<i>7819 SW 63RD AVE Rd</i>	
CITY-ST-ZIP	OCALA, FL 34476		CITY-ST-ZIP	<i>OCALA, FL 34476</i>	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRINK, HERBERT		NAME	<i>ROBERTS, LARRY</i>	
STREET ADDRESS	7877 SW 62ND CT		STREET ADDRESS	<i>8137 SW 62ND CT</i>	
CITY-ST-ZIP	OCALA, FL 34476		CITY-ST-ZIP	<i>OCALA, FL 34476</i>	
TITLE	AD	<input type="checkbox"/> Delete	TITLE	AD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGERS, LARRY		NAME	<i>ROBINSON, WILLIAM</i>	
STREET ADDRESS	8137 SW 62ND COURT		STREET ADDRESS	<i>7869 SW 63RD AVE Rd</i>	
CITY-ST-ZIP	OCALA, FL 34476		CITY-ST-ZIP	<i>OCALA, FL 34476</i>	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, JOE		NAME	<i>BRINK HERBERT</i>	
STREET ADDRESS	8040 SW 62ND CT		STREET ADDRESS	<i>7877 SW 62ND CT.</i>	
CITY-ST-ZIP	OCALA, FL 34476		CITY-ST-ZIP	<i>OCALA</i>	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWLIN, ROBERT		NAME		
STREET ADDRESS	7833 SW 62ND CT		STREET ADDRESS	<i>SAME</i>	
CITY-ST-ZIP	OCALA, FL 34476		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:** *Robert C Newlin* **ROBERT C. NEWLIN** *2-15-05* *352-854-8997*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #