

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 28, 2003 8:00 am
Secretary of State

7/9

07-09-2003 90044 012 ****61.25

DOCUMENT # N40612

1. Entity Name

COUNTRY MEADOWS HOMEOWNERS ASSOCIATION OF OCALA, INC.



Principal Place of Business

7869 SW 63RD AVE RD
OCALA FL 34476

Mailing Address

PO BOX 771413
OCALA FL 34477

55052590

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3053033**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

\$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 **A** Delete
NAME **BARTHOLEMEW, CAROLE (D)**
STREET ADDRESS **8710 SW 62ND COURT**
CITY-ST-ZIP **OCALA FL 34476**

TITLE **Robert** Change Addition
NAME **Robert Robert**
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** Delete
NAME **GRIFFIN, SANDRA**
STREET ADDRESS **6330 SW 62ND PLACE**
CITY-ST-ZIP **OCALA FL 34476**

TITLE **S** Change Addition
NAME **Keller Robert (D)**
STREET ADDRESS **7750 S.W. 63rd. Ave Rd.**
CITY-ST-ZIP **Ocala, FL 34476**

TITLE **PD** Delete
NAME **KRAUTKREMER, WILLIAM C**
STREET ADDRESS **6274 SW 62ND STREET**
CITY-ST-ZIP **OCALA FL 34476**

TITLE **P** Change Addition
NAME **Rogers Larry (D)**
STREET ADDRESS **8137 S.W. 62nd. Court**
CITY-ST-ZIP **Ocala, FL 34476**

TITLE **PD** Delete
NAME **BRINK, HERBERT L**
STREET ADDRESS **7877 SW 62ND COURT**
CITY-ST-ZIP **OCALA FL 34476**

TITLE **VP** Change Addition
NAME **Shofield Ernest (D)**
STREET ADDRESS **7770 S.W. 63rd. Ave. Rd.**
CITY-ST-ZIP

TITLE **T** Delete
NAME **ROBINSON, WILLIAM**
STREET ADDRESS **7869 SW 63RD AVE RD**
CITY-ST-ZIP **OCALA FL 34476**

TITLE **T** Change Addition
NAME **Robison William (D)**
STREET ADDRESS **7869 S.W. 63rd. Ave. Rd**
CITY-ST-ZIP **Ocala, FL 34476**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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)(l), 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: **William Robison (Treasurer)**
SIGNATURE REQUIRED

07/27/03 (352) 554-6106
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4/03)