

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001037

FILED
Jul 02, 2008
Secretary of State

Entity Name: THE COUNTRY CLUB OF OCALA PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434 STE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

25 E. SILVER SPRINGS BLVD
OCALA, FL 34470

Current Mailing Address:

2180 W SR 434 STE 5000
LONGWOOD, FL 327795044

New Mailing Address:

25 E. SILVER SPRINGS BLVD
OCALA, FL 34470

FEI Number: 59-3518001 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BOSSHARDT PROPERTY MANAGEMENT, INC.
25 E. SILVER SPRINGS BLVD.
OCALA, FL 34470 US

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.

SIGNATURE: GARRY H. GRIFFIN

07/02/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEFEVER, EDWARD
Address: 1301 SE 73RD PL
City-St-Zip: OCALA, FL 34480

Title: D () Delete
Name: PERKINS, CARTER JR.
Address: 7308 SE 12 CIRCLE
City-St-Zip: OCALA, FL 34480

Title: D () Delete
Name: WOLLETT, FRED
Address: 6950 SE 12 TERR
City-St-Zip: OCALA, FL 34480

Title: D () Delete
Name: HENSLEY, JOE
Address: 7855 SE 12 CIR
City-St-Zip: OCALA, FL 34480

Title: TD () Delete
Name: ANKOVIK, JAMES
Address: 2901 SW 41ST ST, # 2403
City-St-Zip: OCALA, FL 34474

Title: SD () Delete
Name: CAPLAN, BRUCE
Address: 7302 SE 12 CIRCLE
City-St-Zip: OCALA, FL 34480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARTER PERKINS, JR.

RA

07/02/2008

Electronic Signature of Signing Officer or Director

Date