

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90070 039 ****61.25

DOCUMENT # N96000001037

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



Principal Place of Business
**2605 SW 33RD STREET
SUITE 200
OCALA, FL 34474**

Mailing Address
**P.O. BOX 2495
OCALA, FL 34478**

40041586



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02132007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3518001

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KIRKPATRICK, KENNETH
2605 SW 33RD STREET
BLDG. 200
OCALA, FL 34474**

7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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

TITLE **D** ☐ Delete
NAME **LEFEVER, EDWARD**
STREET ADDRESS **1301 SE 73RD PL**
CITY-ST-ZIP **OCALA, FL 34480**

TITLE **D** ☐ Delete
NAME **PERKINS, CARTER JR.**
STREET ADDRESS **7308 SE 12 CIRCLE**
CITY-ST-ZIP **OCALA, FL 34480**

TITLE **D** ☐ Delete
NAME **WOLLETT, FRED**
STREET ADDRESS **6950 SE 12 TERR**
CITY-ST-ZIP **OCALA, FL 34480**

TITLE **D** ☐ Delete
NAME **HENSLEY, JOE**
STREET ADDRESS **7855 SE 12 CIR**
CITY-ST-ZIP **OCALA, FL 34480**

TITLE **TD** ☐ Delete
NAME **ANKOVIK, JAMES**
STREET ADDRESS **2901 SW 41ST ST, # 2403**
CITY-ST-ZIP **OCALA, FL 34474**

TITLE **SD** ☐ Delete
NAME **CAPLAN, BRUCE**
STREET ADDRESS **7302 SE 12 CIRCLE**
CITY-ST-ZIP **OCALA, FL 34480**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

SEE ATTACHED FOR MORE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Bruce Caplan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Bruce Caplan**

2/19/07

Date

352/369-9881

Daytime Phone #

ATTACHMENT
40041586

THE COUNTRY CLUB OF OCALA PROPERTY OWNERS ASSOCIATION
N96000001037

ADDITIONAL OFFICERS & DIRECTORS:

TITLE:	TD
NAME:	Hope, Karen
STREET ADDRESS:	7915 SE 12 th Circle
CITY-ST-ZIP:	Ocala, FL 34480

TITLE:	D
NAME:	Torri, Ron
STREET ADDRESS:	7699 SE 12 th Circle
CITY-ST-ZIP:	Ocala, FL 34480

TITLE:	D
NAME:	Parramore, Cheri
STREET ADDRESS:	7374 SE 12 th Circle
CITY-ST-ZIP:	Ocala, FL 34480