

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 726993

**Entity Name:** KINGSLAND OCALA WATERWAY OWNER'S ASSOCIATION, INC.

**FILED**  
**Jan 07, 2019**  
**Secretary of State**  
**8160524278CC**

**Current Principal Place of Business:**

7500 SW 61ST AVENUE  
SUITE 600  
OCALA, FL 34476

**Current Mailing Address:**

7500 SW 61ST AVENUE  
SUITE 600  
OCALA, FL 34476 US

**FEI Number: 59-3492610**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

CYR, JAMES  
9563 SW 44TH AVE  
OCALA, FL 34476 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CYR, JAMES  
Address        9563 SW 44TH AVE  
City-State-Zip: Ocala FL 34476

Title            SECRETARY, TREASURER  
Name            PROSS, DENNIS  
Address        3930 SW 103RD STREET ROAD  
City-State-Zip: Ocala FL 34476

Title            VP  
Name            DIAZ, OSCAR  
Address        711 SW 71ST WAY  
City-State-Zip: PEMBROKE FL 33023

Title            MEMBERS ADVOCATE  
Name            LEGERE, JOSEPH  
Address        10205 SW 41ST AVE  
City-State-Zip: Ocala FL 34476

*I hereby 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 all other like empowered.*

**SIGNATURE: JAMES CYR**

**PRESIDENT**

**01/07/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date