

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001037

Entity Name: THE COUNTRY CLUB OF OCALA PROPERTY OWNERS ASSOCIATION, INC.**FILED**
Feb 01, 2022
Secretary of State
5479473131CC**Current Principal Place of Business:**2437 SE 17TH STREET
SUITE 201
OCALA, FL 34471**Current Mailing Address:**2437 SE 17TH STREET
SUITE 201
OCALA, FL 34471 US**FEI Number: 59-3518001****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BOSSHARDT PROPERTY MANAGEMENT, LLC
2437 SE 17TH STREET
SUITE 201
OCALA, FL 34471 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 DIRECTOR
Name GARSHNICK, JARAD
Address 2437 SE 17TH STREET
SUITE 201
City-State-Zip: Ocala FL 34471

Title DIRECTOR
Name HOPE, KAREN
Address 2437 SE 17TH STREET
SUITE 201
City-State-Zip: Ocala FL 34471

Title PRESIDENT
Name BRADISH, JOHN
Address 2437 SE 17TH STREET
SUITE 201
City-State-Zip: Ocala FL 34471

Title VP
Name PARRAMORE, ROBERT
Address 2437 SE 17TH STREET
SUITE 201
City-State-Zip: Ocala FL 34471

Title DIRECTOR
Name LEFEVER, EDWARD
Address 2437 SE 17TH STREET
SUITE 201
City-State-Zip: Ocala FL 34471

Title TREASURER
Name VAN DE LEUR, TIM
Address 2437 SE 17TH STREET
201
City-State-Zip: GAINESVILLE FL 32653

Title SECRETARY
Name SHRIGLEY, LINDA
Address 2437 SE 17TH STREET
SUITE 201
City-State-Zip: Ocala FL 34471

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: JOHN BRADISH**PRESIDENT****02/01/2022**

Electronic Signature of Signing Officer/Director Detail

Date