

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000001037

**Entity Name:** THE COUNTRY CLUB OF OCALA PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**2123 SW 20TH PLACE  
OCALA, FL 34471**Current Mailing Address:**2123 SW 20TH PLACE  
OCALA, FL 34471**FEI Number: 59-3518001****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BOSSHARDT PROPERTY MANAGEMENT, LLC  
2123 SW 20TH PLACE  
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	VP	Title	D
Name	MAGUIRE, JIM	Name	LEFEVER, ED
Address	2123 SW 20TH PLACE	Address	2123 SW 20TH PLACE
City-State-Zip:	OCALA FL 34471	City-State-Zip:	OCALA FL 34471
Title	S	Title	TREASURER
Name	CAPLAN, BRUCE	Name	SEALS, TOM
Address	2123 SW 20TH PLACE	Address	2123 SW 20TH PLACE
City-State-Zip:	OCALA FL 34471	City-State-Zip:	OCALA FL 34471
Title	DIRECTOR	Title	DIRECTOR
Name	SHAW, STEVE	Name	HOPE, KAREN
Address	2123 SW 20TH PLACE	Address	2123 SW 20TH PLACE
City-State-Zip:	OCALA FL 34471	City-State-Zip:	OCALA FL 34471
Title	DIRECTOR	Title	PRESIDENT
Name	PERKINS, JAKE	Name	PERKINS, CARTER
Address	2123 SW 20TH PLACE	Address	2123 SW 20TH PLACE
City-State-Zip:	OCALA FL 34471	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: CARTER PERKINS****PRESIDENT****04/07/2014**

Electronic Signature of Signing Officer/Director Detail

Date