

**2015 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            PRESIDENT  
Name            MAGUIRE, JIM  
Address        2123 SW 20TH PLACE  
City-State-Zip: Ocala FL 34471

Title            D  
Name            LEFEVER, ED  
Address        2123 SW 20TH PLACE  
City-State-Zip: Ocala FL 34471

Title            S  
Name            CAPLAN, BRUCE  
Address        2123 SW 20TH PLACE  
City-State-Zip: Ocala FL 34471

Title            TREASURER  
Name            SEALS, TOM  
Address        2123 SW 20TH PLACE  
City-State-Zip: Ocala FL 34471

Title            DIRECTOR  
Name            SHAW, STEVE  
Address        2123 SW 20TH PLACE  
City-State-Zip: Ocala FL 34471

Title            DIRECTOR  
Name            HOPE, KAREN  
Address        2123 SW 20TH PLACE  
City-State-Zip: Ocala FL 34471

Title            VP  
Name            CAMPBELL, DOUG  
Address        2123 SW 20TH PLACE  
City-State-Zip: Ocala FL 34471

Title            DIRECTOR  
Name            SEALS, PATRICIA  
Address        2123 SW 20TH PLACE  
City-State-Zip: Ocala FL 34471

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*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: JIM MAGUIRE****PRESIDENT****04/22/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	MOURTON, CRAIG
Address	2123 SW 20TH PLACE
City-State-Zip:	Ocala FL 34471