2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Secretary of State 03-23-2006 90020 030 ****61.25 **DOCUMENT #711794** 1. Entity Name OCALA HORSE FARM COMPLEX ASSOCIATION, INC. Principal Place of Business Mailing Address 50005095 6805 S.W. 73RD STREET 6805 S.W. 73RD STREET OCALA, FL 34476 OCALA, FL 34476 2. Principal Place of Business 3. Mailing Address 6967 SW 66" 5090 Suite, Apt. #, etc. Suite, Apt. #, etc. 03132006 Chq-NP CR2E037 (11/05) City & State 4. FEI Number 59-2936007 City & State Applied For Ocala Not Applicable Country Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired Marion 34476 Maxion 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOREAU, SHARON -urman 6805 S.W. 73RD STREET (P.O. Box Number is Not Acceptable) OCALA, FL 34476 34476 Ocala 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 <u>Fdward</u> Furman Signature, typed or printed name of registered agent and title if applicable Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Due by May 1, 2006 Trust Fund Contribution Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete Hooker TITLE TOTE ☐ Change MOREAU, SHARON NAME NAME 664 St 6805 SW 77TH ST STREET ADDRESS STREET ADDRESS SW CITY-ST-ZIP OCALA, FL 34476 CITY-ST-ZIP TITLE Delete TITLE Addition CHEEKS, JOSEPH NAME NAME 70th Aus STREET ADDRESS 6825 SW 65TH AVE STREET ADDRESS CITY-ST-ZIP OCALA, FL 34476 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change M Addition ack Casse PENN, JOHN NAME 25 5w 66+ St 7244 SW 70TH AVE STREET ADDRESS STREET ADDRESS OCALA, FL 34476 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MILLER, GAYE NAME NAME STREET ADDRESS 7098 SW 70TH AVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP OCALA, FL 34476 ☐ Delete TITLE TITLE Change ☐ Addition FURMAN, EDWARD V NAME NAME **6967 SW 66TH STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA, FL 34476 CITY-ST-ZIP Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1.19. 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:

FILED Mar 23, 2006 8:00 am