

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 711794</b>	
1. Entity Name OCALA HORSE FARM COMPLEX ASSOCIATION, INC.	
Principal Place of Business 6967 SW 66TH ST OCALA, FL 34476	Mailing Address 6967 SW 66TH ST OCALA, FL 34476



03162008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2936007	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  FURMAN, EDWARD 6967 SW 66TH ST OCALA, FL 34476	<b>DO NOT WRITE IN THIS SPACE</b>
---	---------------------------------------

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

U00000862966  
04/03/08-80072-011 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOKER, JOSEPH R 6855 SW 66TH ST OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, RORY 7050 SW 70TH AVE OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENN, JOHN 7244 SW 70TH AVE OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASOE, MARK 6825 SW 66TH ST OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FURMAN, EDWARD J 6967 SW 66TH STREET OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IVORY, RAY 6555 SW 66TH ST OCALA, FL 34476

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Edward Furman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-08  
Date

352-732-0171  
Daytime Phone #