FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727675 (1)

1. Corporation Name

OCALA EAST VILLAS, INCORPORATED

Principal Place of Business	Mailing Address
~~6120 NORTHEAST 7TH STREET~~ OCALA FL 34470-8742	~~6120 NORTHEAST 7TH STREET~~ OCALA FL 34470-8742

County changed our address for 911

3. Date Incorporated or Qualified: 10/08/1973	3a. Date of Last Report: 01/23/1995
4. FEI Number: 59-2091968	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 191 NE 63rd Ct.	26 191 NE 63rd Ct
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 OCALA FL.	City & State 28 OCALA FL.
Zip 24 34470 Country 25	Zip 29 34470 Country 30 MARION

9. Name and Address of Current Registered Agent

JONES, ERMA
420 NE 63RD CT
OCALA FL 34470

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JONES, ERMA		1.2 NAME		
STREET ADDRESS	420 NE 63RD CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	BREWER, HERMAN		2.2 NAME	BLAUSER, FLORENCE	
STREET ADDRESS	6570 N.E. 2ND PL.		2.3 STREET ADDRESS	6553 NE. 1ST PLACE	
CITY-ST-ZIP	OCALA FL		2.4 CITY-ST-ZIP	OCALA, FL. 34470	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FINCH, NELLIE		3.2 NAME		
STREET ADDRESS	475 NE 63RD CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, BILL		4.2 NAME		
STREET ADDRESS	6564 NE 1ST LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LANOUE, JOHN		5.2 NAME		
STREET ADDRESS	500 N.E. 63RD CT.		5.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HIXENBAUGH, WILLAIM		6.2 NAME		
STREET ADDRESS	35 NE 63RD CT		6.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William E. Hixenbaugh 3-4-96 352-236-2441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)