2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State
04-14-2004 90026 042 ****61.25

DOCUMENT # 727675

1. Entity Name

OCALA EAST VILLAS, INCORPORATED

J4033159

MOORE CR2E037 (11/03)

Principal Place of Business	Mailing Address
191 NE 63RD COURT OCALA FL 34470 US	191 NE 63RD COURT OCALA FL 34470 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2091968 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

YOUNG, RICHARD
521 NE 62ND TERR.
OCALA FL 34470

7. Name and Address of New Registered Agent

Name: WILLIAM B APPLEGATE
Street Address (P.O. Box Number is Not Acceptable): 6495 NE 1ST LN
City: OCALA
FL
Zip Code: 34470

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: William B Applegate - WILLIAM B APPLEGATE 4-14-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD APPLEGATE, WM 6495 NE 1ST LANE OCALA FL	☐ Delete	POETA ROCKY D 6605 NE 1ST LN OCALA FL 34470	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD YOUNG, RICHARD 521 NE 62 TERR. OCALA FL 34470	☐ Delete	D WRIGHT HAROLD 6605 NE 2ND ST OCALA FL 34470	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PERRY, LINDA 6605 NE 2ND PL. OCALA FL 34470	☒ Delete	D MERRIMAN DENNIS 420 NE 64TH AVE OCALA FL 34470	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D QUACKENBUSH, JOHN 6490 NE 1ST LANE OCALA FL 34470	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLYNN, JEAN 520 NE 63RD CT. OCALA FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SCHULTZ, ERIC F 340 NE 64TH AVE. OCALA FL	☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: William B Applegate WILLIAM B APPLEGATE 4-14-04 352-236-4520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #