2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 727675

1. Entity Name
OCALA EAST VILLAS, INCORPORATED

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

DO NOT WRITE IN THIS SPACE

01312005 No Chg-NP CR2E037 (10/03)

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

APPLEGATE, WILLIAM B
6495 NE 1ST. LANE
OCALA, FL 34470

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

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	APPLEGATE, WM
STREET ADDRESS	6495 NE 1ST LANE
CITY-ST-ZIP	OCALA, FL
TITLE	VD
NAME	YOUNG, RICHARD
STREET ADDRESS	521 NE 62 TERR.
CITY-ST-ZIP	OCALA, FL 34470
TITLE	D
NAME	POETA, ROCKY
STREET ADDRESS	6605 1ST. LANE
CITY-ST-ZIP	OCALA, FL 34470
TITLE	D
NAME	WRIGHT, HAROLD
STREET ADDRESS	6605 NE 2ND ST.
CITY-ST-ZIP	OCALA, FL 34470
TITLE	D
NAME	FLYNN, JEAN
STREET ADDRESS	520 NE 63RD CT.
CITY-ST-ZIP	OCALA, FL
TITLE	T
NAME	SCHULTZ, ERIC F
STREET ADDRESS	340 NE 64TH AVE.
CITY-ST-ZIP	OCALA, FL

U00000292160
04/07/05-30058-023 61.25

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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 Applegate 4-5-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #