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2006 NOT-FOR-PROFIT CORPORATION

| DOCUMENT # 727675 I filtry therm OCALA EAST VILLAS, INCORPORATED A0056725 Principal Place of Business 191 NE SSRD COURT 191 NE SSRD COU | | ANNUAL | | | | | | | |
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| OCALA EAST VILLAS, INCORPORATED ### A0056725 Principal Place of Business 191 NE SISR DOURT OCALA FL 34470 US 2. Principal Place of Business 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. O1182000 ChgNP CR2E337 (11/0s) Applied For Suite Chy & State Chy | | | | | | | | | |
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| Second S | Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | g-NP CR2E0 | 37 (11/05) | | |
| Exp Country Zp Country S. Cartificate of Status Desired Set. 75 Additional Feb Producted Set. 1. Name and Address of New Registered Agent T. Name and Address of New Registered Agent T. Name and Address of New Registered Agent Name OCALA, FL 34470 City FL Zp Code 8. The above named critis 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. | City & State | | City & State | City & State | | 50 2004000 | | | |
| APPLEGATE, WILLIAM B 6495 Ne 15T, LANE OCALA, FL 34470 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILING FOR IS 881.25 Due by May 1, 2006 9. Election Campaign Financing Trust Fund Contribution. Added to Frees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. Election Campaign Financing Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS AND TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE ADDITIONS/CHANGES TO OFFICERS TITLE ADDITIONS/CHANGES TO | Zip | Country Zip | | Country | ·· | | \$8.75 Add | itional | |
| APPLEGATE, WILLIAM B 6495 NE 1ST. LANE OCALA, FL 34470 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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 Filing Fee is \$61.25 Due by May 1, 2006 Defences AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. APPLEGATE, WM AP | | | | | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Types of the Set 1.25 | APPLEGATE WILLIAM B | | | Name | Name | | | | |
| City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hood or prose name of impressed agent and life if applicable. (NOTE Registered Agent agents encared whon intrasting) DATE Filling Fee is \$81.25 | 6495 NE 1ST, LANE | | | Street Addre | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| B. 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 Signature, lyped or protect name of registered agent and libral flapoletable. | , | | | | | | | | |
| SIGNATURE Signature Typed or protect agent and bits of application. (NOTE Registered Agent signature required whon reinstating) DATE | | | | City | FL Zip Code | | | | |
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| Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD Addition Add | | | | | | | | | |
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| indicated on this report or supplemental report is true and accurate and that my signature shall have the same local effect on it made under eath; that I am an attended in the same local effect on it made under eath; that I am an attended in the same local effect on it made under eath; that I am an attended in the same local effect on it made under eath; that I am an attended in the same local effect on it made under eath; that I am an attended in the same local effect on it made under eath; that I am an attended in the same local effect on its same local effect of | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS | D- POETA, ROCKY 6605 1ST. LANE OCALA, FL 34470 D WRIGHT, HAROLD 6605 NE 2ND ST. OCALA, FL 34470 D FLYNN, JEAN 520 NE 63RD CT. OCALA, FL T SCHULTZ, ERIC F 340 NE 64TH AVE. | Delete | CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | HRIS LINDO 365 N'E 1 CALA FL TEVE GREE 15 N'E 64 | REN PLACE 34470 NWELL TERRACE | ☐ Change | ☐ Addition | |