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Secretary of State
04-21-2006 90109 050 ****61.25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 727675

1. Entity Name
OCALA EAST VILLAS, INCORPORATED

40056725

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

01182006 Chg-NP CR2E037 (11/05)

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	7. Name and Address of New Registered Agent
APPLEGATE, WILLIAM B 6495 NE 1ST. LANE OCALA, FL 34470	Name 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 _____ 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, 2006

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	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EUGENE SHANKS 232 NE 63 CRT OCALA FL 34470	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD YOUNG, RICHARD 521 NE 62 TERR. OCALA, FL 34470	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LAWRENCE LARICKS 6571 N.E 2 PLACE OCALA FL 34470	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POETA, ROCKY 6605 1ST. LANE OCALA, FL 34470	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHRIS LINDGREN 6365 N.E 1 PLACE OCALA FL 34470	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WRIGHT, HAROLD 6605 NE 2ND ST. OCALA, FL 34470	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STEVE GREENWELL 95 N.E 64 TERRACE OCALA FL 34470.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLYNN, JEAN 520 NE 63RD CT. OCALA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SCHULTZ, ERIC F 340 NE 64TH AVE. OCALA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Chris Lindgren Director of Water & Sewer 4/19/06 352-895-3885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #