2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State
01-16-2008 90022 038 ****61.25

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

01132008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		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
YOUNG, RICHARD 560 NE 63RD CRT OCALA, FL 34470	Name SMITH JR. EDWARD. Street Address (P.O. Box Number is Not Acceptable) 615 NE 63RD CT 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 X Edward L. Smith — 1-15-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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	P YOUNG, RICHARD 560 63RD CT OCALA, FL 34470	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P. SMITH JR. EDWARD 615 NE 63 RD CT OCALA - FL - 34470	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SMITH JR, EDWARD 615 NE 63RD CT OCALA, FL 34470	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. APPLEGATE PAMELA 6495 NE 1ST LANE OCALA . FL. 34470	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LINGGREN, CHRIS 6365 NORTHEAST 1 PLACE OCALA, FL 34470	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BLACKSHAW, THERESA C 561 NE 64TH AVE OCALA, FL 34470	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEMBER, CARLETON A 417 NE 64 AV OCALA, FL 34470	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WATKINS, SYBIL 6580 NE 1ST LANE OCALA, FL 34470	☐ 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: S Watkins - SYBIL WATKINS — 1-14-08 — (352) 817-0013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #