2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# 727675

Entity Name: OCALA EAST VILLAS, INCORPORATED

Current Principal Place of Business:

191 NE 63RD COURT
OCALA, FL 34470 US

New Principal Place of Business:

Current Mailing Address:

191 NE 63RD COURT
OCALA, FL 34470 US

New Mailing Address:

FEI Number: 59-2091968 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, JR., EDWARD
615 NE 63RD CT
OCALA, FL 34470 US

Name and Address of New Registered Agent:

LINDGREN, CHRIS G P
6365 NE 1ST PL
OCALA, FL 34470 US

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.

SIGNATURE: CHRIS LINDGREN 01/06/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: APPLE GATE, PAMELA
Address: 6495 NE 1ST LANE
City-St-Zip: OCALA, FL 34470

Title: P ( ) Delete
Name: SMITH JR, EDWARD
Address: 615 NE 63RD CT
City-St-Zip: OCALA, FL 34470

Title: D (X) Delete
Name: LINGGREN, CHRIS
Address: 6365 NORTHEAST 1 PLACE
City-St-Zip: OCALA, FL 34470

Title: S ( ) Delete
Name: BLACKSHAW, THERESA C
Address: 561 NE 64TH AVE
City-St-Zip: OCALA, FL 34470

Title: D ( ) Delete
Name: WEMBER, CARLETON A
Address: 417 NE 64 AV
City-St-Zip: OCALA, FL 34470

Title: T ( ) Delete
Name: WATKINS, SYBIL
Address: 6580 NE 1ST LANE
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: LINDGREN, CHRIS G
Address: 6365 NE 1ST PL
City-St-Zip: OCALA, FL 34470

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: GREENWELL, STEVE
Address: 95 NE 64TH TERR
City-St-Zip: OCALA, FL 34470

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS LINDGREN PRES 01/06/2009
Electronic Signature of Signing Officer or Director Date