


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 24, 2007 8:00 am**  
**Secretary of State**

01-24-2007 90045 032 \*\*\*\*61.25

<b>DOCUMENT # 737657</b>	
1. Entity Name	
THE VILLAGE HOME OWNERS ASSOCIATION OF OCALA, INC.	

Principal Place of Business	Mailing Address
3802-3876 NE 17TH ST CIR OCALA FL 34470 US	PO BOX 284 SILVER SPGS. FL 34489-0284 US



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

1st MOORE CR2E037 (10/06)

4. FEI Number		Applied For	
59-1784497		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JOHNSON, PAUL 3874 NE 17TH STREET CIRCLE OCALA FL 34470		Name <u>CHARLOTTE CHILDERS</u> Street Address (P.O. Box Number is Not Acceptable) <u>3858 NE 17 STREET CIRCLE</u> City <u>OCALA</u> FL <u>34470</u>	

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 CHARLOTTE CHILDERS

1/18/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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	TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
PD	JOHNSON, PAUL	3874 NE 17TH ST CIR	OCALA FL 34470				
VD	CHILDERS, CHARLOTTE	3858 NE 17TH ST CIR	OCALA FL 34470	PD	CHILDERS, CHARLOTTE	3858 NE 17 ST CIRCLE	OCALA, FL. 34470
TD	MARSICANO, ROSEMARIE	3851 NE 17TH ST CIR	OCALA FL 34470				
SD	REGISTER, LINDA	3822 NE 17TH ST CIR	OCALA FL 34470		JOANN LEWIS	3869 NE 17 ST CIRCLE	OCALA, FL. 34470
D	MERCER, LEE	3844 NE 17TH ST CIR	OCALA FL 34470		JIM SAMPSON	3807 NE 17 ST CIRCLE	OCALA, FL. 34470

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Rosemarie Marsicano, Treas.

1/18/07 (352) 732-2097

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #