

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 04, 2008 8:00 am**  
**Secretary of State**

01-04-2008 90001 002 \*\*\*\*61.25

<b>DOCUMENT # 737657</b> 1. Entity Name THE VILLAGE HOME OWNERS ASSOCIATION OF OCALA, INC.					
Principal Place of Business 3802-3876 NE 17TH ST CIR OCALA, FL 34470 US			Mailing Address PO BOX 284 SILVER SPCS., 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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHILDERS, CHARLOTTE 3858 NE 17 ST CR OCALA, FL 34470				Name <u>PHILIP CHILDERS</u> Street Address (P.O. Box Number is Not Acceptable) <u>3858 NE 17 ST. CIRCLE</u> City <u>OCALA</u> <u>FL</u> Zip Code <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 <u>A Childers</u> <span style="float: right;">1/3/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHILDERS, CHARLOTTE 3858 NE 17TH ST CIR OCALA, FL 34470	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PHILIP CHILDERS 3858 NE 17 ST CIRCLE OCALA, FL 34470	
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARSICANO, ROSEMARIE 3851 NE 17TH ST CIR OCALA, FL 34470	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KENNETH MATTHEWS 3855 NE 17 ST CIRCLE OCALA, FL 34470	
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEWIS, JOAN 3869 NE 17 ST CR OCALA, FL 34470	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAROLE MC DONALD 3824 NE 17 ST CIRCLE OCALA, FL 34470	
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMPSON, JIM 3807 NE 17 ST CR OCALA, FL 34470	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAUL CRAWFORD VICE PRES. 3818 NE 17 ST CIRCLE OCALA, FL 34470	
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
			<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>A Childers</u> <span style="float: right;">1/3/08 351-8608</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					