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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745731

1. Corporation Name

LA JOLLA 200 HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

1901 SW 29 TERRACE
OCALA FL 34474
US

Mailing Address

1901 S.W. 29TH TERRACE
OCALA FL 34474
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

01/26/1979

4. FEI Number

59-1982300

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GARRISON, GEORGE
1803 S.W. 29TH TERRACE
OCALA FL 34474

10. Name and Address of New Registered Agent

81 Name

Jody Warner

82 Street Address (P.O. Box Numbers Not Acceptable)

83

1711 SW. 29th Terrace

84 City

Ocala

FL

85 Zip Code

34474

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-24-99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GARRISON, GEORGE	
STREET ADDRESS	1803 S.W. 29TH TERRACE	
CITY-ST-ZIP	OCALA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	RODEWALD, KEITH	
STREET ADDRESS	1806 SW 29TH TERRACE	
CITY-ST-ZIP	OCALA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	VANLEER, PATRICIA	
STREET ADDRESS	1802 SW 29 TERR	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHEFFIELD, CLIFFORD	
STREET ADDRESS	1810 SW 29 TERR	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPOSATO, GENE	
STREET ADDRESS	1902 SW 29TH TERRACE	
CITY-ST-ZIP	OCALA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MONCURE, DEBBIE	
STREET ADDRESS	5900 SW 42ND AVE	
CITY-ST-ZIP	OCALA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Tom Fisher	
1.3 STREET ADDRESS	1809 S.W. 29th Terrace	
1.4 CITY-ST-ZIP	Ocala, Fl. 34474	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jim Runge	
2.3 STREET ADDRESS	1705 SW. 29th Terrace	
2.4 CITY-ST-ZIP	Ocala, Fl. 34474	
3.1 TITLE	TD / SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jody Warner	
3.3 STREET ADDRESS	1711 SW. 29th Terrace	
3.4 CITY-ST-ZIP	Ocala, Fl. 34474	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Ray Warner	
4.3 STREET ADDRESS	1711 SW. 29th Terrace	
4.4 CITY-ST-ZIP	Ocala, Fl. 34474	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Kathy Borden	
6.3 STREET ADDRESS	1717 S.W. 29th Terrace	
6.4 CITY-ST-ZIP	Ocala, Fl. 34474	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-99

Date

854-5150
352-8400

Daytime Phone #

CR2E037 (11/98)