


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 745731 1. Entity 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
---	---



01082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1982300	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PLANT, GORDON C 1823 SW 29TH TER OCALA, FL 34474

**DO NOT WRITE
IN THIS SPACE**

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 Gordon C. Plant ST. DATE 1-10-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U00000584398
01/12/07-80036-008 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORDEN, KATHY 1717 SW 29 TER OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEADOWS, RICHARD 1719 SW 29 TERR OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PLANT, GORDON 1823 SOUTHWEST 29 TERRACE OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPENCE, HEATHER 1712 SW 29 TER OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SEILER, STACY 1701 SW 29 TER OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALES, JAY 1801 S.W. 28TH TERRACE OCALA, FL 34474

**DO NOT WRITE
IN THIS SPACE**

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: Heather Spence DATE 1-10-07 DAYTIME PHONE # 352-362-4091
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR