2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# 745731

Entity Name: LA JOLLA 200 HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1901 SW 29 TERRACE
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1982300 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PLANT, GORDON C
1823 SW 29TH TER
OCALA, FL 34474 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BORDEN, KATHY
Address: 1717 SW 29 TER
City-St-Zip: OCALA, FL 34474

Title: D ( ) Delete
Name: MEADOWS, RICHARD
Address: 1719 SW 29 TERR
City-St-Zip: OCALA, FL 34474

Title: ST ( ) Delete
Name: PLANT, GORDON
Address: 1823 SOUTHWEST 29 TERRACE
City-St-Zip: OCALA, FL 34474

Title: P ( ) Delete
Name: SPENCE, HEATHER
Address: 1712 SW 29 TER
City-St-Zip: OCALA, FL 34474

Title: VP ( ) Delete
Name: SEILER, STACY
Address: 1701 SW 29 TER
City-St-Zip: OCALA, FL 34474

Title: D ( ) Delete
Name: GONZALES, JAY
Address: 1801 S.W. 29TH TERRACE
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MANZONE, SALLY
Address: 1707 SW 29 TERR
City-St-Zip: OCALA, FL 34474

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

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

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

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: GORDON C PLANT ST 01/23/2009

Electronic Signature of Signing Officer or Director — Date