2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 753676

1. Entity Name
THE VILLAGE NORTH HOMEOWNERS ASSOCIATION OF OCALA, INC.

FILED
07 MAY -1 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04132007 Chg-NP CR2E037 (12/06)

Principal Place of Business	Mailing Address
3826 NE 19TH CIR OCALA, FL 34470	PO BOX 1322 SILVER SPRINGS, FL 32688

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3826 NE 19th ST CIR	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OCALA FL	City & State:
Zip: 34470 Country: USA	Zip: Country:

4. FEI Number: 59-1916228 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Betty Williams 3826 NE 19TH ST CIR. OCALA, FL 34470	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: Betty Williams
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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	TD BULLMAN, JOE ANNE 3860 NE 19TH ST. CIRCLE OCALA, FL 34470	☒ Delete	TITLE SD NAME Preston James STREET ADDRESS 3852 NE 19th St Cir CITY-ST-ZIP Ocala FL 34470	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VPD~~ PD ZOOK, KAY 3856 NE 99TH ST CR OCALA, FL 34470	☐ Delete	TITLE NAME P.D STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, BETTY 3826 NE 19TH STREET CIRCLE OCALA, FL 34470	☐ Delete	TITLE NAME 800103097998 STREET ADDRESS 05/23/07--01017--011 **61.25 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GILSON, TED 3810 NE 19TH ST CR OCALA, FL 34470	☒ Delete	TITLE TD NAME Ted Bernier STREET ADDRESS 3823 NE 19th St Cir CITY-ST-ZIP Ocala FL 34470	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ VPD MEADE, RONALD 3870 NE 19TH ST CR OCALA, FL 34470	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

JR 5/10

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: Betty Williams 4-13-07 352-694-1908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #