

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753676

FILED
Jan 07, 2009
Secretary of State

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

Current Principal Place of Business:

3826 NE 19TH CIR
OCALA, FL 34470

New Principal Place of Business:

1136 NE 14TH ST
OCALA, FL 34470

Current Mailing Address:

PO BOX 1322
SILVER SPRINGS, FL 32688

New Mailing Address:

1136 NE 14TH ST
OCALA, FL 34470

FEI Number: 59-1916228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, BETTY
3826 NE 19TH CIR
OCALA, FL 34470 US

Name and Address of New Registered Agent:

HERREN, DEBORAH
1136 NE 14TH ST
OCALA, FL 34470 US

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: DEBORAH HERREN

01/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: PRESTON, JAMES
Address: 3852 NE 19TH ST. CIRCLE
City-St-Zip: OCALA, FL 34470

Title: PD () Delete
Name: ZOOK, KAY
Address: 3856 NE 99TH ST CR
City-St-Zip: OCALA, FL 34470

Title: D () Delete
Name: WILLIAMS, BETTY
Address: 3826 NE 19TH STREET CIRCLE
City-St-Zip: OCALA, FL 34470

Title: TD () Delete
Name: BERNIER, TED
Address: 3823 NE 19TH ST CR
City-St-Zip: OCALA, FL 34470

Title: VD () Delete
Name: MEADE, RONALD
Address: 3870 NE 19TH ST CR
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PRESTON, JAMES
Address: 3852 NE 19TH ST. CIRCLE
City-St-Zip: OCALA, FL 34470

Title: PD (X) Change () Addition
Name: MILAM, MARSHAL
Address: 3819 NE 19TH ST CIRCLE
City-St-Zip: OCALA, FL 34470

Title: VD (X) Change () Addition
Name: INCORVAIA, PHYLLIS
Address: 3810 NE 19TH STREET CIRCLE
City-St-Zip: OCALA, FL 34470

Title: TD (X) Change () Addition
Name: BULLMAN, JO ANNE
Address: 3860 NE 19TH ST CR
City-St-Zip: OCALA, FL 34470

Title: SD (X) Change () Addition
Name: KELLY, KATHRYN
Address: 2424 NE 33RD CT
City-St-Zip: OCALA, FL 34470

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: MARSHALL MILAM

PD

01/07/2009

Electronic Signature of Signing Officer or Director

Date