

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Apr 23, 2012**  
**Secretary of State**

DOCUMENT# 753676

**Entity Name:** THE VILLAGE NORTH HOMEOWNERS ASSOCIATION OF OCALA, INC.**Current Principal Place of Business:**3842 NE 19TH ST CIRCLE  
OCALA, FL 34470**New Principal Place of Business:****Current Mailing Address:**P.O BOX 2473  
SILVER SPRINGS, FL 34489**New Mailing Address:****FEI Number:** 59-1916228**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**PHILLIPS, STELLA  
3842 NE 19TH ST CIRCLE  
OCALA, FL 34470 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: S  
Name: MAKOFSKI, JANICE A  
Address: 3870 NE 19TH STREET CIRCLE  
City-St-Zip: OCALA, FL 34470

Title: D  
Name: LAIRD, DELORIS  
Address: 3818 NE 19TH STREET CIRCLE  
City-St-Zip: OCALA, FL 34470

Title: VD  
Name: KENNEDY, RENEE  
Address: 3833 NE 19TH STREET CIRCLE  
City-St-Zip: OCALA, FL 34470

Title: D  
Name: ZOOK, KAY  
Address: 3856 NE 19TH STREET CIRCLE  
City-St-Zip: OCALA, FL 34470

Title: PD  
Name: PHILLIPS, STELLA  
Address: 3842 NE 19TH STREET CIRCLE  
City-St-Zip: OCALA, FL 34470

I hereby 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 all other like empowered.

SIGNATURE: STELLA PHILLIPS

PD

04/23/2012

Electronic Signature of Signing Officer or Director

Date