
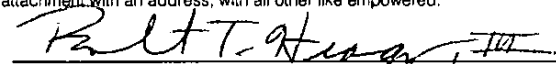


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2006 8:00 am
Secretary of State

08-04-2006 90015 034 ****61.25

DOCUMENT # 757811 1. Entity Name MARION SPRINGS CONDOMINIUM ASSOCIATION, INCORPORATED					
Principal Place of Business 3441 NE FORT KING ST OCALA, FL 34470			Mailing Address 3441 NE FORT KING ST OCALA, FL 34470		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2198417	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent COOPER, MICHAEL J PA 321 N.W. 3RD AVE. OCALA, FL 34475				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D GROVER, HAROLD E JR 3541 N.E. EAST FT. KING ST., D-153 OCALA, FL 34470 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KINSEY, RICHARD R 3541 NE FORT KING D-292 OCALA, FL 34470 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	Donald Dery 15120 SE 103rd St Rd Ocklawaha, FL 32179-4240 <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SKIPPER, ELIZABETH 3507 NE FORT KING ST C-235 OCALA, FL 34470 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FARRIS, BOB 3431 NE FORT KING ST OCALA, FL 34470 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P EAGY, ROBERT T III 716 E. SILVER SPRINGS BLVD OCALA, FL 34470 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	Heagy, Robert T III 1107 E. Silver Springs Blvd. #3 Ocala, FL 34470 <input checked="" type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PEAVY, KIMBERLY 4145 SE 47 PLACE OCALA, FL 34470 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 				Date 8/1/06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>	