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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:09

DOCUMENT # 757827 (1)

1. Corporation Name

OJC HOME OWNERS ASSOCIATION NO. 1, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2495 OCALA FL 34478 US	P.O. BOX 2495 OCALA FL 34478 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/01/1981
3a. Date of Last Report: 03/03/1994
4. FEI Number: 59-2212945 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

HOGAN, BARBARA
17180 NW 87TH AVENUE RD.
REDDICK 32686

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D ☒ Change ☐ Addition
NAME	WIERSUM, MARLEEN		
STREET ADDRESS	17045 NW 87TH AVE RD		
CITY-ST-ZIP	REDDICK FL		
TITLE	PD	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	P/D ☒ Change ☐ Addition Hawley, Don 17072 N.W. 86th Terrace Reddick, FL 32686
NAME	DEPASQUALE, KENNETH		
STREET ADDRESS	P.O. BOX 70170 N/A		
CITY-ST-ZIP	OCALA FL		
TITLE	VPD	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	V/D ☐ Change ☒ Addition LaCroix, Barbara 17070 N.W. 86th Terrace Reddick, FL 32686
NAME	DEAS, WILLIAM		
STREET ADDRESS	2215 RIVER BLVD		
CITY-ST-ZIP	JACKSONVILLE FL		
TITLE		4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	S/T/D ☐ Change ☒ Addition Fuller, Rhonda 17154 N.W. 86th Terr. Reddick, FL 32686
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D ☐ Change ☒ Addition Hartinger, Jean 17231 N. W. 87th Ave. Rd. Reddick, FL 32686
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Don W. Hawley Marleen Wiersum 1/31/95 904/237-7277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010333