


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 757827 (1) 1. Corporation Name OJC HOME OWNERS ASSOCIATION NO. 1, INC.					
Principal Place of Business			Mailing Address		
2516 SW 27TH AVE. P.O. BOX 2495 OCALA FL 34474 US			P.O. BOX 2495 OCALA FL 34478 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/01/1981	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Country		59-2212945	
24		25		29	
26		27		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
DAY, JAMES E. 2516 SW 27TH AVE OCALA FL 34474			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE <i>James E. Day</i> (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	B WIERSUM, MARLEEN <input checked="" type="checkbox"/> DELETE				
NAME	17045 NW 87TH AVE RD				
STREET ADDRESS	REDDICK FL				
CITY-ST-ZIP					
TITLE	PD HAWLEY, DON <input type="checkbox"/> DELETE				
NAME	17072 NW 88TH TER				
STREET ADDRESS	REDDICK FL				
CITY-ST-ZIP					
TITLE	D LACROIX, BARBARA <input type="checkbox"/> DELETE				
NAME	17070 NW 88TH TERR				
STREET ADDRESS	REDDICK FL				
CITY-ST-ZIP					
TITLE	D PORTER, RALPH <input type="checkbox"/> DELETE				
NAME	17119 NW 88 TERR.				
STREET ADDRESS	REDDICK FL				
CITY-ST-ZIP					
TITLE	D HARMA, VIRGIANIA <input type="checkbox"/> DELETE				
NAME	17182 NW 87TH AVE				
STREET ADDRESS	REDDICK FL				
CITY-ST-ZIP					
TITLE	ST DAY, JAMES E. <input checked="" type="checkbox"/> DELETE				
NAME	2516 SW 27TH AVE.				
STREET ADDRESS	OCALA FL				
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
1.2 NAME	Murphy, John				
1.3 STREET ADDRESS	17178 N.W. 87 Ave. Rd.				
1.4 CITY-ST-ZIP	Reddick, FL 32686				
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME	P.O Box 518 (N/A)				
3.3 STREET ADDRESS	Ocala, FL 34478				
3.4 CITY-ST-ZIP	STD				
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, on an attachment with an address.

SIGNATURE *James E. Day* Secretary/Director

2/3/98