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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 757827

1. Corporation Name

OJC HOME OWNERS ASSOCIATION NO. 1, INC.

Principal Place of Business

2516 SW 27TH AVE.
 P.O BOX 2495
 Ocala FL 34474
 US

Mailing Address

P.O. BOX 2495
 Ocala FL 34478
 US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

05/01/1981

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

9. Name and Address of Current Registered Agent

DAY, JAMES E.
 2516 SW 27TH AVE
 Ocala FL 34474

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: VD DELETE
 NAME: MURPHY, JOHN
 STREET ADDRESS: 17178 NW 87TH AVENUE ROAD
 CITY-ST-ZIP: REDDICK FL 32686

TITLE: PD DELETE
 NAME: HAWLEY, DON
 STREET ADDRESS: 17072 NW 86TH TER
 CITY-ST-ZIP: REDDICK FL

TITLE: D DELETE
 NAME: LACROIX, BARBARA
 STREET ADDRESS: P.O. BOX 518 N/A
 CITY-ST-ZIP: Ocala FL 34478

TITLE: STD DELETE
 NAME: PORTER, RALPH
 STREET ADDRESS: 17119 NW 86 TERR.
 CITY-ST-ZIP: REDDICK FL

TITLE: D DELETE
 NAME: HARMA, VIRGIANA
 STREET ADDRESS: 17182 NW 87TH AVE
 CITY-ST-ZIP: REDDICK FL

TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: STD Change Addition
 1.2 NAME: McCain, James
 1.3 STREET ADDRESS: 17194 N. W. 87th Ave. Rd.
 1.4 CITY-ST-ZIP: Reddick, FL 32686

2.1 TITLE: D Change Addition
 2.2 NAME: Hart, Karl
 2.3 STREET ADDRESS: P.O. Box 3310
 2.4 CITY-ST-ZIP: Ocala, FL 34478

3.1 TITLE: Change Addition
 3.2 NAME:
 3.3 STREET ADDRESS:
 3.4 CITY-ST-ZIP:

4.1 TITLE: PD Change Addition
 4.2 NAME:
 4.3 STREET ADDRESS:
 4.4 CITY-ST-ZIP:

5.1 TITLE: Change Addition
 5.2 NAME:
 5.3 STREET ADDRESS:
 5.4 CITY-ST-ZIP:

6.1 TITLE: Change Addition
 6.2 NAME:
 6.3 STREET ADDRESS:
 6.4 CITY-ST-ZIP:

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 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ralph Porter President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99
 Date

(352)
 591-4146
 Daytime Phone #

CR2E037 (11798)