



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90025 027 ****61.25

DOCUMENT # 757827					
1. Entity Name OJC HOME OWNERS ASSOCIATION NO. 1, INC.					
Principal Place of Business 2605 SW 33RD STREET, BLDG, #200 OCALA, FL 34474 US			Mailing Address P.O. BOX 2495 OCALA, FL 34478 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2212945	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KIRKPATRICK, KEN 2605 SW 33RDS STREET, BLDG 200 OCALA, FL 34474			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
10. Filing Fee is \$61.25 Due by May 1, 2004		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	SD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WIERSUM, MARLEEN	NAME			
STREET ADDRESS	17045 NW 87 AVE RD.	STREET ADDRESS			
CITY-ST-ZIP	REDDICK, FL 32686	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HART, DONALD	NAME	Story, John		
STREET ADDRESS	17192 NW 87 AVE. RD.	STREET ADDRESS	17089 N.W. 87th Ave. Rd.		
CITY-ST-ZIP	REDDICK, FL 32686	CITY-ST-ZIP	Reddick, FL 32686		
TITLE	D <input type="checkbox"/> Delete	TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KASSI, CAROLE	NAME			
STREET ADDRESS	17235 NW 87 AVE. RD.	STREET ADDRESS			
CITY-ST-ZIP	REDDICK, FL 32686	CITY-ST-ZIP			
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ROSS, MAGGIE	NAME	Crowder, Ben		
STREET ADDRESS	17190 NW 87 AVE RD	STREET ADDRESS	2070 W. Lake Hamilton Dr.		
CITY-ST-ZIP	REDDICK, FL 32686	CITY-ST-ZIP	Winter Haven, FL 34481		
TITLE	D <input type="checkbox"/> Delete	TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARSH, LARRY	NAME			
STREET ADDRESS	17186 NW 87 AVE RD.	STREET ADDRESS			
CITY-ST-ZIP	REDDICK, FL 32686	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. 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 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: <i>Marleen M. Wiersum</i>			1/14/04		352/369-9881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

94027224



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