


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90011 002 \*\*\*\*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**

40048949



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02132007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**59-2212945**

Applied For  
 Not Applicable

Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**KIRKPATRICK, KEN**  
**2605 SW 33RDS STREET, BLDG 200**  
**OCALA, FL 34474**

**7. Name and Address of New Registered Agent**

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

**Filing Fee is \$81.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCCALL, GERALD	
STREET ADDRESS	17064 N W 86TH TERR	
CITY-ST-ZIP	REDDICK, FL 32686	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MARSH, DIERDRE	
STREET ADDRESS	17186 NW 87TH AVE. RD	
CITY-ST-ZIP	REDDICK, FL 32686	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SABULA, JOAN	
STREET ADDRESS	17196 NW 87TH AVE. RD.	
CITY-ST-ZIP	REDDICK, FL 32686	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROWDER, BEN	
STREET ADDRESS	2070 W LAKE HAMILTON DR	
CITY-ST-ZIP	WINTER HAVEN, FL 34481	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BATEMAN, TREVOR	
STREET ADDRESS	17178 NW 87TH AVE RD	
CITY-ST-ZIP	REDDICK, FL 32686	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Langlois, John	
STREET ADDRESS	17190 NW 87th Ave. Rd.	
CITY-ST-ZIP	Reddick, FL 32686	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *X Gerald Mccall* **Gerald Mccall** 2/17/07 352/369-9881  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #