

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2003 8:00 am**  
**Secretary of State**

02-11-2003 90080 002 \*\*\*\*61.25

**DOCUMENT # 757827**

1. Entity Name  
**OJC HOME OWNERS ASSOCIATION NO. 1, INC.**



Principal Place of Business

**1320 SW 25TH LOOP # 101  
P.O. BOX 2495  
OCALA FL 34471  
US**

Mailing Address

**P.O. BOX 2495  
OCALA FL 34478  
US**

2. Principal Place of Business

**2605 SW 33rd Street**

3. Mailing Address

Suite, Apt. #, etc.

**Suite, Apt. #, etc.  
Bldg. #200**

City & State

**Ocala, FL**

City & State

Zip

**34474**

Country

**USA**

Country

4. FEI Number **59-2212945**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KIRKPATRICK, KEN  
1320 SE 25TH LOOP # 101  
OCALA FL 34478**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**2605 SW 33rd Street**

**Bldg. #200**

City

**Ocala**

**FL**

Zip Code

**34474**

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

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

**Ken Kirkpatrick**

**2/4/03**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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** ☒ Delete  
NAME **MCCAIN, JAMES**  
STREET ADDRESS **17178 NW 87TH AVENUE ROAD**  
CITY-ST-ZIP **REDDICK FL 32686**

TITLE **VD** ☒ Delete  
NAME **HART, KARL**  
STREET ADDRESS **17192 NW 87 AVE RD**  
CITY-ST-ZIP **REDDICK FL 32686**

TITLE **D** ☒ Delete  
NAME **WEAVER, DEBORAH**  
STREET ADDRESS **17152 N.W. 86 TERR**  
CITY-ST-ZIP **REDDICK FL 32686**

TITLE **STD** ☐ Delete  
NAME **ROSS, MAGGIE**  
STREET ADDRESS **17190 NW 87 AVE RD**  
CITY-ST-ZIP **REDDICK FL 32686**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Change ☒ Addition  
NAME **Wiersum, Marleen**  
STREET ADDRESS **17045 NW 87 Ave. Rd.**  
CITY-ST-ZIP **Reddick, FL 32686**

TITLE **D** ☐ Change ☒ Addition  
NAME **Hart, Donald**  
STREET ADDRESS **17192 NW 87 Ave. Rd.**  
CITY-ST-ZIP **Reddick, FL 32686**

TITLE **D** ☐ Change ☒ Addition  
NAME **Kassi, Carole**  
STREET ADDRESS **17235 NW 87 Ave. Rd.**  
CITY-ST-ZIP **Reddick, FL 32686**

TITLE **PD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **Marsh, Larry**  
STREET ADDRESS **17186 NW 87 Ave. Rd.**  
CITY-ST-ZIP **Reddick, FL 32686**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

**Marleen W. Wiersum**

**2/13/03**

**352/369-9881**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)