

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757829

FILED  
May 05, 2005  
Secretary of State

**Entity Name:** OJC RECREATIONAL FACILITIES OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8720 W HIGHWAY 318  
REDDICK, FL 32686 US

**New Principal Place of Business:**

**Current Mailing Address:**

8720 W HIGHWAY 318  
REDDICK, FL 32686 US

**New Mailing Address:**

**FEI Number:** 59-2212944 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

STANTON, BARBARA  
9628 SW 74TH AVENUE  
OCALA, FL 34476 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: STANTON, BARBARA  
Address: 9628 SW 74TH AVENUE  
City-St-Zip: OCALA, FL 34476

Title: PD ( ) Delete  
Name: LACROIX, DAVID  
Address: 220 38TH STREET  
City-St-Zip: MANHATTAN BEACH, CA 90266

Title: D ( ) Delete  
Name: LACROIX, TAMARA  
Address: 220 38TH STREET  
City-St-Zip: MANHATTAN BEACH, CA 90266

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA STANTON

STD

05/05/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date