2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State
05-08-2006 90273 048 ****61.25

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1. Entity Name
THE VILLAGE WEST LOT OWNERS ASSOCIATION OF OCALA, INC.

Principal Place of Business	Mailing Address
2550 N.E. 36TH AVE. STE F OCALA, FL 32670-3119	2550 N.E. 36TH AVE. STE F OCALA, FL 32670-3119

DO NOT WRITE IN THIS SPACE

01102006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2298973

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FINN, MICHAEL A
2550 N.E. 36TH AVENUE
SUITE F
OCALA, FL

Change to:
Tonya O'Quinn
3640 N.E. 20th Pl
Ocala, FL 34470

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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: Tonya O'Quinn (signature) Tonya O'Quinn 4-26-06

Signature, typed or printed name of registered agent and title if applicable. (REQUIRED) Registered agent signature required when changing / DATE

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	~~PD~~
NAME	~~FINN, MICHAEL A~~
STREET ADDRESS	~~1742 S.E. 38TH CT~~
CITY ST ZIP	~~OCALA, FL~~
TITLE	~~STD~~
NAME	~~JACKSON, L. REID III~~
STREET ADDRESS	~~8120 N.W. 48TH LANE~~
CITY ST ZIP	~~OCALA, FL~~
TITLE	~~VD~~
NAME	~~BOWEN, MARSHA~~
STREET ADDRESS	~~8643 W ANTHONY RD~~
CITY ST ZIP	~~OCALA, FL 34479~~
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

Millie Grindstaff PD
3639 N.E. 19th Place
Ocala, FL 34470

Ioma McGrath STD
3637 N.E. 19th Place
Ocala, FL 34470

A. JOhn Hemmen VD
1924 N.E. 36th Court
Ocala,

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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: Millie V. Grindstaff (signature) MILLIE V. GRINDSTAFF 4-26-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #