

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90051 013 ****61.25

DOCUMENT # 758751

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



Principal Place of Business

~~2550 N.E. 36TH AVE.~~ **3622 NE**
~~STEF~~ **19TH PL**
~~OCALA, FL 32670-3119~~ **OCALA, FL 34470**

Mailing Address

~~2550 N.E. 36TH AVE.~~ **3622 NE**
~~STEF~~ **19TH PL**
~~OCALA, FL 32670-3119~~ **OCALA, FL 34470**

DO NOT WRITE IN THIS SPACE

01162008 No Chg-NP

CR2E037 (4/06)

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

~~GRINDSTAFF, MILLIE~~ **FRANK CALCUTTA**
~~3639 NE 19TH PLACE~~ **3622 NE 19TH PLACE**
~~OCALA, FL 34470~~

**DO NOT WRITE
IN THIS SPACE**

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]

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

(NOTE: Registered Agent signature required when reinstating)

4-1-08

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GRINDSTAFF, MILLIE **FRANK CALCUTTA**
STREET ADDRESS ~~3639 NE 19TH PLACE~~ **3622 NE 19TH PLACE**
CITY-ST-ZIP Ocala, FL 34470 ✓

TITLE STD
NAME MCGRATH, IOMA **MILLIE GRINDSTAFF**
STREET ADDRESS ~~3637 NE 19TH PL~~ **3639 NE 19TH PLACE**
CITY-ST-ZIP Ocala, FL 34470 ✓

TITLE VD
NAME HEMMEN, A JOHN **MARVIN ELSENPETER**
STREET ADDRESS ~~4924 NE 36TH CT~~ **3620 NE 19TH PLACE**
CITY-ST-ZIP Ocala, FL 34470 ✓

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/08

DATE

352-3617937

DAYTIME PHONE #