

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758751

FILED
Mar 25, 2009
Secretary of State

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

Current Principal Place of Business:

3622 NE 19TH PL
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

3622 NE 19TH PL
OCALA, FL 34470

New Mailing Address:

FEI Number: 59-2298973

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALCUTTA, FRANK
3622 NE 19TH PLACE
OCALA, FL 34470 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: PD () Delete
Name: CALCUTTA, FRANK
Address: 3622 NE 19TH PLACE
City-St-Zip: OCALA, FL 34470

Title: STD () Delete
Name: GRINDSTAFF, MILLIE
Address: 3639 NE 19TH PLACE
City-St-Zip: OCALA, FL 34470

Title: VD () Delete
Name: ELSENPIETER, MARVIN
Address: 3620 NE 19TH PLACE
City-St-Zip: OCALA, FL 34470

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 exemption stated 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 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: FRANK CALCUTTA

PD

03/25/2009

Electronic Signature of Signing Officer or Director

Date