2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2004 8:00 am
Secretary of State
02-10-2004 90038 021 ****61.25

DOCUMENT # 761507

1. Entity Name
FOX MEADOW HOME OWNERS ASSOCIATION OF OCALA, INC

Principal Place of Business	Mailing Address
2605 SW 33RD STREET BLDG. #200 OCALA, FL 34474 US	P.O. BOX 2495 OCALA, FL 34478 US

01062004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2190414 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KENNETH KIRKMATRICK 2605 SW 33RD. STREET BLGD. #200 OCALA, FL 34474	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ETHEREDGE, JEAN 1617 N.E. 38TH TERR. OCALA, FL 34470	☒ Delete	PD Salvers, Jo 3716 N.E. 17 St. Ocala, FL 34470	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD EVANS, NANCY 1710 N.E. 38TH AVE OCALA, FL 34470	☒ Delete	SD Avalon, Kathi 3808 N.E. 17 St. Ocala, FL 34470	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FRANK, MARCELLA 1605 N.E. 17TH ST. OCALA, FL 34470	☒ Delete	VD Hart, Bea 3701 N.E. 17 St. Ocala, FL 34470	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SMITH, CARMAN 3709 N.E. 17TH ST. OCALA, FL 34470	☒ Delete	TD Lehman, Pat 1604 N. E. 38 Terr. Ocala, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PANCOAST, JOANNE 3614 NE 16 PL OCALA, FL 34470	☒ Delete	D Girard, Ionetta 3811 N.E. 17 St. Ocala, FL 34470	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Patricia A. Lehman Patricia Lehman 1/14/04 352/369-9881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #