2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE

01242006 No Chg-NP CR2E037 (11/05)

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

KENNETH KIRKMATRICK
2605 SW 33RD. STREET
BLGD. #200
OCALA, FL 34474

DO NOT WRITE IN THIS SPACE

9. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	V/D
NAME	STECK, PEGGY
STREET ADDRESS	1616 NE 38TH TERR
CITY-ST-ZIP	OCALA, FL 34470
TITLE	SD
NAME	AVALON, KATHI
STREET ADDRESS	3808 NE 17 ST.
CITY-ST-ZIP	OCALA, FL 34470
TITLE	D
NAME	MIZELLE, SHIRLEY
STREET ADDRESS	3624 NE 16 PLACE
CITY-ST-ZIP	OCALA, FL 34470
TITLE	TD
NAME	LEHMAN, PAT
STREET ADDRESS	1604 NE 38 TERR.
CITY-ST-ZIP	OCALA, FL 34470
TITLE	P/D
NAME	GIRARD, LONETTA
STREET ADDRESS	3811 NE 17TH ST.
CITY-ST-ZIP	OCALA, FL 34470
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000457639
03/23/06-80057-025 61.25

DO NOT WRITE 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: X Lonetta M Girard Lonetta Girard 3/13/06 352/369-9881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #