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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

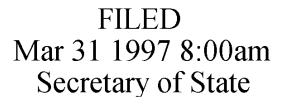
## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 763105

(4)



OCALA PARK ESTATES PROPERTY OWNERS' ASSOCIATION, INC.  Principal Place of Business Mailing Address							
% ORTEGA AND COMPANY, P.A.  % ORTEGA AND COMP 2307 DOUGLAS RD. SUITE 302 MIAMI FL 33145  MIAMI FL 33145							
		MIRMI FE 33140-3037		3. Date Incorporated or Qualified 05/04/1982		3a. Date of Last Report 03/26/1996	
	Place of Business	2a. Mailing Address	······································	<del></del>	4. FEI Number 59-2287256	]	Applied For
Suite, Apt.	#, etc	Suite, Apt. #, etc.				<u>\$8</u>	Not Applicable  75 Additional
22		27			5. Certificate of Status Desired		ee Required
City & Stat	ie	City & State			Election Campaign Financing     Trust Fund Contribution		5.00 May Be
Zφ	Country	Zip	Countr	У	8. This corporation has liability for		
24	25	29	30			Yes No	
	9. Name and Address of Curr	rent Registered Agent	81	Name	10. Name and Address of New Ro	egistered Agent	<u> </u>
4	)						
STES, JAMES L., JR 5209 TAMPA PALMS BLVD TAMPA FL 33647			82	Street Add	iress (P.O. Box Number is Not Accepta	ble)	
			83	<b>i</b>			
IAMICA	FL 33047		84	City		lor	Zip Code
						FL 85	Zip Code
11. Pursuant office or agent. I a	to the provisions of Sections 617.0 registered agent, or both, in the Sta am familiar with, and accept the ob	502 and 617.1508, Florida Stati ate of Florida. Such change was ligations of, Section 617.0503, F	utes, the above authorized b lorida Statute	ve-named corpora by the corpora es.	poration submits this statement for the tion's board of directors. I hereby acce	purpose of chan ept the appointm	iging its registered ent as registered
11. Pursuant office or agent. I a SIGNATURE	Signature, lyped or printed name of registered	agent and title if applicable (NO			ired when reinstating)	DATE	
SIGNATURE	Signature, lyped or printed name of registered		OTE Registered Aç	gent signature requi		DATE CERS AND DIRE	
SIGNATURE	Stgriature, hyand or printed name of registered OFFICERS A PD AIMEE, N. CUELLO	egon: and tille if applicable (NO AND DIRECTORS DELETE	OTE Registered Ac	gent signature requi	ired when reinstating)	DATE CERS AND DIRE	
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE	Signature, typed or printed name of registered OFFICERS A PD AIMEE, N. CUELLO 2025 CACIQUE ST OCEA SANTURCE PR STD	agon: and tille if applicable (NC AND DIRECTORS DELETE AN PARK	DYE Registered Ac  13.  1.1 TITLE  1.2 NAME  1.3 STREE  1.4 CITY-  2.1 TITLE	gent signature requi	ired when reinstating)	DAYE CERS AND DIRE	
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i. I do 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 annual report or supplemental annual 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 12 or Block 12 if changed, or an attachment with an address.

SIGNATURE:

A TIME E SUNTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

MARZO 19, 1997

(787) 724-4200

Daytime Phone # 0030376