2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # 765493 1. Entity Name 03-16-2006 90244 010 ****61.25 OCALA ROAD HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address **GROOVER REALTY** 1140 CAPITAL CIRCLE, SE #10 TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 2. Principal Place of Business 3. Mailing Address Ocala Road Home owners Ass 141 Dawn Lauren LN Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) 141 Dawn Laven La City & State City & State Applied For 4. FEI Number FL 59-2923946 Tallahassec Tall ahassee Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32301 us us 32301 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Ila Jones PELHAM, VIVIAN 1474 CONSTITUTION PL E Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32308 141 Dawn Lauren Lane Zip Code 32201 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State The state of the state of the state of the OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 PD Delete TIELE Change Addition Ryan Adams HUSEMAN, JESSE 4090 Camelot Way 1140 CAPITAL CIRCLE SE, #10 STREET AUDRESS STREET ADDRESS TALLAHASSEE FL 32301 CITY-ST-ZIP CITY-ST-ZIP Delete ADC Addition TITLE TITLE ☐ Change PELHAM, VIVIAN L NAME NAME 1474 CONSTITUTION PL STRUET ADDRESS STREET ADDRESS TALLAHASSEE FL 32308 CITY S1-ZIP TSD TITLE ☐ Delete TITLE ☐ Change ☐ Addition JONES, ILA NAME NAME STREET ADDRESS 141 DAWN LAUREN LANE STREET ADDRESS TALLAHASSEE FL 32301 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST- ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

Ila Jones

SIGNATURE:

3/2/06

922-6091

FILED

Mar 16, 2006 8:00 am