## 2007 NOT-FOR-PROFIT CORPORATION

## **FILED** Apr 18, 2007 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT #765493** OCALA ROAD HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address OCALA RD HOME OWNERS ASS. 141 DAWN LAUREN LN TALLAHASSEE, FL 32301 US 141 DAWN LAUREN LN TALLAHASSEE, FL 32301 02282007 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2923946 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent JONES, ILA DO NOT WRITE 141 DAWN LAUREN LN TALLAHASSEE, FL 32301 IN THIS SPACE 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 (NOTE: Registered Agent signature required when reinstalling) DATE Signature, typed or printed name of registered agen; and little if applicable 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution Added to Fees Due by May 1, 2007 OFFICERS AND DIRECTORS 10. TITLE PD NAME ADAMS, RYAN STREET ADDRESS 480 CAMELOT WAY CITY-ST-ZIP TALLAHASSEE, FL 32309 TSD TITLE NAME JONES, ILA STREET ADDRESS 141 DAWN LAUREN LANE CITY-ST-ZIP TALLAHASSEE, FL 32301 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME

12. Thereby 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:

STREET ADDRESS

CITY - ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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