

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 08:00 AM
Secretary of State

DOCUMENT # 765493

1. Entity Name

OCALA ROAD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

OCALA RD HOME OWNERS ASS.
141 DAWN LAUREN LN
TALLAHASSEE, FL 32301 US

Mailing Address

141 DAWN LAUREN LN
TALLAHASSEE, FL 32301 US



04012008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2923946

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, ILA
141 DAWN LAUREN LN
TALLAHASSEE, FL 32301

**DO NOT WRITE
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

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ADAMS, RYAN
STREET ADDRESS 480 CAMELOT WAY
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE TSD
NAME JONES, ILA
STREET ADDRESS 141 DAWN LAUREN LANE
CITY-ST-ZIP TALLAHASSEE, FL 32301

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04/28/08-80019-016 61.25

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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:

ILA Jones ILA Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/08
Date

(850) 922-6091
Daytime Phone #