

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765493

FILED
Feb 12, 2009
Secretary of State

Entity Name: OCALA ROAD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

141 DAWN LAUREN LN
TALLAHASSEE, FL 32301 US

New Mailing Address:

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

FEI Number: 59-2923946

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, ILA
141 DAWN LAUREN LN
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ADAMS, RYAN
Address: 480 CAMELOT WAY
City-St-Zip: TALLAHASSEE, FL 32309

Title: TSD () Delete
Name: JONES, ILA
Address: 141 DAWN LAUREN LANE
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ILA JONES

SECR

02/12/2009

Electronic Signature of Signing Officer or Director

Date