

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 765493

**FILED**  
**Apr 27, 2011**  
**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:**

OCALA RD HOME OWNERS ASS.  
2473 ARVAH BRANCH BLVD  
TALLAHASSEE, FL 32309 US

**Current Mailing Address:**

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

**New Mailing Address:**

OCALA RD HOME OWNERS ASS.  
2473 ARVAH BRANCH BLVD  
TALLAHASSEE, FL 32309 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:**

KAMINSKI, FRANK C  
2473 ARVAH BRANCH BLVD  
TALLAHASSEE, FL 32309 US

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: FRANK C KAMINSKI

04/27/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: FRANK C KAMINSKI

RA

04/27/2011

Electronic Signature of Signing Officer or Director

Date