2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# 765993

Entity Name: CRESTWOOD NORTH VILLAGE HOMEOWNERS ASSOCIATION OF OCALA, INC.

Current Principal Place of Business:

1900 S.E. 37TH CT. CIRCLE
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

1900 S.E. 37TH CT. CIRCLE
OCALA, FL 34471 US

New Mailing Address:

FEI Number: 59-2332124 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OWEN, LEONA T
1968 SE 37TH CT CIRCLE
OCALA, FL 34471 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:	D	( ) Delete
Name:	JAYCOX, JUNE	
Address:	1951 SE 37TH CT CIR	
City-St-Zip:	OCALA, FL 34471	
Title:	D	( ) Delete
Name:	RICHARDSON, BOBBY DR.	
Address:	1956 SE 37TH CT CIRCLE	
City-St-Zip:	OCALA, FL 34471	
Title:	D	( ) Delete
Name:	BAUDIN, NEIL	
Address:	?965 SE 37TH CT CIRCLE	
City-St-Zip:	OCALA, FL 34471	
Title:	P	( ) Delete
Name:	BLANTON, GRETA	
Address:	1954 SE 37TH CT CR	
City-St-Zip:	OCALA, FL 34471	
Title:	T	( ) Delete
Name:	LEONA, OWEN	
Address:	1968 S.E. 37TH COURT CIR.	
City-St-Zip:	OCALA, FL 34471	
Title:	S	( ) Delete
Name:	RICE, EARL	
Address:	1927 SE 37TH CT CIRCLE	
City-St-Zip:	OCALA, FL 34471	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: LEONA T OWEN T 01/16/2009

Electronic Signature of Signing Officer or Director — Date