

CORPORATION INFORMATION
SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0191 FAX

A95000000241
000-342-8006

CSC networks

MAIL TO:
P.O. Box 51120
TALLAHASSEE, FL 32314

ACCOUNT NO. : 072100000032

REFERENCE : 544962 9666A

AUTHORIZATION :

COST LIMIT : \$ 140.00

Patricia Pyatt

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION'S
95 FEB 17 PM 2:05

ORDER DATE : February 17, 1995

400001409134

ORDER TIME : 10:40 AM

ORDER NO. : 544962

CUSTOMER NO: 9666A

CUSTOMER: Ms. Doreen Sanders
SIMMONS & HART, P. A.

P. O. Box 3310

Ocala, FL 34478-3310

RECEIVED
95 FEB 17 AM 11:19
DIVISION OF CORPORATION

DOMESTIC FILING

CM

NAME: CALA HILLS DEVELOPMENT, LTD.

ARTICLES OF INCORPORATION
☒ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☒ CERTIFIED COPY
☐ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Gail L. Shelby

EXAMINER'S INITIALS: _____

CERTIFICATE OF LIMITED PARTNERSHIP
OF
CALA HILLS DEVELOPMENT, LTD.

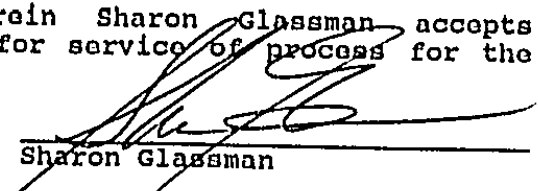
1. The name of the Limited Partnership is Cala Hills Development, Ltd.

2. The business address of the Limited Partnership is 2801 Southwest College Road, Suite 18, Ocala, Florida 34474.

3. The name of the Registered Agent for service of process of the Limited Partnership is Sharon Glassman.

4. The street address for the Registered Agent for service of process is 2801 Southwest College Road, Suite 18, Ocala, Florida 34474.

5. By her signature herein Sharon Glassman accepts designation as Registered Agent for service of process for the Limited Partnership.


Sharon Glassman

6. The mailing address of the Limited Partnership is 2801 Southwest College Road, Suite 18, Ocala, Florida 34474.

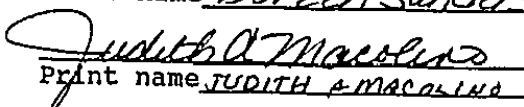
7. The latest date upon which Limited Partnership is to be dissolved is December 31, 2025.

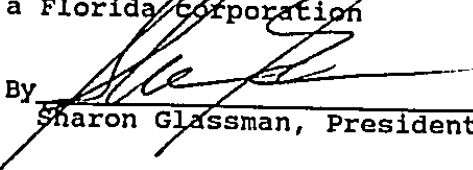
8. The name of the sole General Partner of the Limited Partnership is Cala Hills Development, Inc., a Florida corporation, whose address is 2801 Southwest College Road, Suite 18, Ocala, Florida 34474, and whose Registered Agent is Steven H. Gray, 125 Northeast First Avenue, Suite 1, Ocala, Florida 34470.

Signed this 16 day of February, 1995.

CALA HILLS DEVELOPMENT, INC.,
a Florida corporation


Print name Doreen Sanders


Print name JUDITH A MACOLINO

By 
Sharon Glassman, President

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 17 PM 2:07

PIS-12622

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA
COUNTY OF MARION

Before me, the undersigned constituting all of the General Partners of Cala Hills Development, Ltd., a Florida Limited Partnership, certifies as follows:

1. The amount of capital contributions to date of the Limited Partners is One hundred dollars (\$100.00).

2. The total amount contributed and anticipated to be contributed by the Limited Partners at this time totals One hundred dollars (\$100.00).

Dated this 16 day of February, 1995.

Further Affiant saith not.

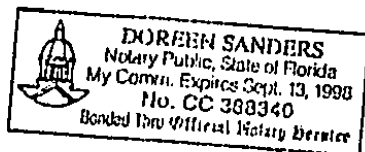
Under penalties of perjury the undersigned declares that the undersigned has read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

CALA HILLS DEVELOPMENT, INC.
a Florida corporation, its
General Partner

By [Signature]
Sharon Glassman, President

Sworn to and subscribed before me this 16 day of February, 1995, by Sharon Glassman, as President for Cala Hills Development, Inc., a Florida corporation, who is personally known by me.

[Signature]
Notary Public



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 17 PM 3:05

**FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 JAN 31 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership
CALA HILLS DEVELOPMENT, LTD.

1a. DOCUMENT #
A95000000241

Mailing Address
**2001 S.W. COLLEGE ROAD -
SUITE 18
OCALA FL 34474**

Principal Office Address
**2001 S.W. COLLEGE ROAD
SUITE 18
OCALA FL 34474**

2. New Mailing Address, if Applicable
State, Apt # etc **PO Box 740160**
City, State & Zip **Ocala, FL 34478**

2a. New Principal Office Address, if Applicable
State, Apt # etc
City, State & Zip

3. Date Formed or Registered to Do Business in
FLORIDA **02/17/1995**

3a. Date of Last Report

4. State or Country of Formation
FL

5a. Capital Contributions as Shown
on Record
\$100.00

5b. Amount of Capital Contributions in
FLORIDA to date
\$100.00

6. FEI Number
59-3302322

7. CERTIFICATE OF STATUS REQUIRED
Applied For
Not Applicable **\$0.75 Additional Fee required
for a Certificate of Status**

8. FEES: 1) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5a or 5b if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50
2) Supplemental Fee: \$138.75 (pursuant to section 607.143, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent

**GLASSMAN, SHARON
2801 S.W. COLLEGE ROAD, SUITE 18
OCALA FL 34474**

10. If changed, new Registered Agent/Officer

Name
Street Address (P.O. Box Number is Not Acceptable) **100001705847**
State, Apt # etc **-02405796--01019--010**
City **FL** Zip Code *****200.00 ***200.00**

10a. Pursuant to the provisions of sections 620.1051 and 620.102, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). Thereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.102, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registry/ Document Number
CALA HILLS DEVELOPMENT, INC.	2801 S.W. COLLEGE ROA	OCALA FL 34474	P95000012622

chw / **KWMM**

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.01(3)(b), Florida Statutes. I release the Division of Corporations from any liability of such compliance with Sections 190.01(3)(b) and 190.01(3)(c) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall be the same as the signature of the partner(s) who authorized the filing of this report. I am a General Partner of the limited partnership, receiver or trustee.

SIGNATURE

**Sharon Glassman, as President of
Cala Hills Development, Inc.**

DATE **1/23/96**

Telephone Number **352/873-4455**

Typed or Printed Name of General Partner Signed Form