

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 09, 2006 08:00 AM  
Secretary of State

DOCUMENT # K49279

1. Entity Name  
MARION OAKS COUNTRY CLUB, INC.



Principal Place of Business

430 MARION OAKS GOLF WAY  
OCALA, FL 34473 US

Mailing Address

430 MARION OAKS GOLF WAY  
OCALA, FL 34473 US



01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2918963

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARBISON, CARLOS B.  
19 SAN DESTIN ESTATES  
DESTIN, FL 32541

**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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME HARBISON, CARLOS B.  
STREET ADDRESS 19 SANDESTIN ESTATES  
CITY-ST-ZIP DESTIN, FL 32541

TITLE VP  
NAME HARBISON, RICHARD SCOTT  
STREET ADDRESS 1224 REGAL AVE  
CITY-ST-ZIP BIRMINGHAM, AL 35213

TITLE D  
NAME HARBISON, JOHN  
STREET ADDRESS 19 SANDESTIN ESTATES  
CITY-ST-ZIP DESTIN, FL 32541

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000380290  
01/11/06-80008-004 158.75

**DO NOT WRITE  
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 607, 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:

*Carlos B. Harbison* CARLOS B. HARBISON 1-686-352-347-1271  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #