

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 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**



01072008 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, 2008 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
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Carlos B. Harbison

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01/10/08-80045-013 158.75

**DO NOT WRITE
IN THIS SPACE**