


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000000018 1. Entity Name POST HORN ESTATES SOUTH PROPERTY OWNER ASSOCIATION, INC.	
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Principal Place of Business 7351 S.E. 2ND AVENUE OCALA, FL 34476	Mailing Address 7351 S.E. 2ND AVENUE OCALA, FL 34476
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DO NOT WRITE IN THIS SPACE



03052006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3693342	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SECINO, MITCHELL
7351 S.E. 2ND AVENUE
OCALA, FL 34476**

**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 _____ (NOTE: Registered Agent's signature required when reappointing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCRIBNER, MARY C 7351 S. MAGNOLIA AVE. OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SECINO, MITCHELL 7351 S.E. 2 AVE. OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEMIEUX, GUY 7545 S. MAGNOLIA AVENUE OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/18/06-00039-001 81.25

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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 517, 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: Mary C. Scribner Mary C. Scribner 3-5-06 352-694-4184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #