

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000000018

1. Entity Name
**POST HORN ESTATES SOUTH PROPERTY OWNER
ASSOCIATION, INC.**



Principal Place of Business
**7351 S.E. 2ND AVENUE
OCALA, FL 34476**

Mailing Address
**7351 S.E. 2ND AVENUE
OCALA, FL 34476**



01202008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3693342

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

U00000792393
01/24/08-80005-024 61.25

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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 617, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-08

Date

352-694-4184

Daytime Phone #