2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# N00000003986

Entity Name: DALTON WOODS HOMEOWNERS' ASSOCIATION OF OCALA, INC.

Current Principal Place of Business:

25 E SILVER SPRINGS BLVD.
OCALA, FL 34470

New Principal Place of Business:

2123 SW 20TH PLACE
SUITE 102
OCALA, FL 34471

Current Mailing Address:

25 E SILVER SPRINGS BLVD.
OCALA, FL 34470

New Mailing Address:

2123 SW 20TH PLACE
SUITE 102
OCALA, FL 34471

FEI Number: 59-3683868 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOSSHARDT PROPERTY MANAGEMENT, INC.
25 E SILVER SPRINGS BLVD.
OCALA, FL 34470 US

Name and Address of New Registered Agent:

BOSSHARDT PROPERTY MANAGEMENT, INC.
2123 SW 20TH PLACE
SUITE 102
OCALA, FL 34471 US

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.

SIGNATURE: _____ 02/04/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GULLING, DON
Address: 5250 SE 44TH CIR.
City-St-Zip: OCALA, FL 34480

Title: VPD ( ) Delete
Name: NORTHEY, TOM
Address: 5086 SE 47TH TERR RD
City-St-Zip: OCALA, FL 34480

Title: TD ( ) Delete
Name: CUNNINGHAM, KAREN
Address: 5308 SE 44TH CIR.
City-St-Zip: OCALA, FL 34480

Title: SD ( ) Delete
Name: MILLER, JOHN
Address: 4991 SE 44TH CIRCLE
City-St-Zip: OCALA, FL 34480

Title: D ( ) Delete
Name: WEDDINGTON, SAM
Address: 5109 SE 47TH COURT RD
City-St-Zip: OCALA, FL 34480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN CUNNINGHAM TD 02/04/2009
Electronic Signature of Signing Officer or Director — Date