

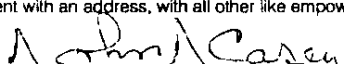


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90018 040 \*\*\*\*61.25

<b>DOCUMENT # N02355</b> 1. Entity Name <b>OAKCREEK CAVERNS LOT OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>4009 SW 20TH AVE. OCALA, FL 34474 US</b>			Mailing Address <b>4000 SW 20TH AVE. OCALA, FL 34474 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip <b>34471</b> Country		City & State  Zip <b>34471</b> Country		4. FEI Number <b>59-2594131</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CALLAWAY, III, LAWRENCE C. 21 NE 1ST AVE. OCALA, FL 34470</b>			7. Name and Address of New Registered Agent Name <b>LAWRENCE C. CALLAWAY, III</b> Street Address (P.O. Box Number is Not Acceptable) <b>333 NW 3<sup>rd</sup> AVENUE</b> City <b>OCALA</b> State <b>FL</b> Zip Code <b>34475</b>		
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  DATE <b>4/5/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOYNTON, PAUL 1830 SW 40 PL OCALA, FL 34474	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASEY, JOHN 2020 SW 42 <sup>nd</sup> PL OCALA, FL 34471	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAAP, STEVE 4299 SW 20 AVE OCALA, FL 34474	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASSE, JOHN 4405 SW 20 <sup>th</sup> AVE OCALA, FL 34471	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BOYNTON, DONNA A 1830 SW 40TH PL. OCALA, FL 34474	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLIVEROS, ROSEMARIE 4200 SW 20 <sup>th</sup> AVE OCALA, FL 34471	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYNOLDS, RUSS 1850 SW 40TH PL. OCALA, FL 34474	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LAKSHMINARAYANAN, POORNIMA 4220 SW 20 <sup>th</sup> AVE OCALA, FL 34471	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAKSHMINARAYANAN, POORNIMA 4220 SW 20TH AVE. OCALA, FL 34474	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LAKSHMINARAYANAN, POORNIMA 4220 SW 20 <sup>th</sup> AVE OCALA, FL 34471	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAKSHMINARAYANAN, POORNIMA 4220 SW 20TH AVE. OCALA, FL 34474	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LAKSHMINARAYANAN, POORNIMA 4220 SW 20 <sup>th</sup> AVE OCALA, FL 34471	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> 			Date <b>4-4-08</b> Daytime Phone # <b>352-408-4627</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					