


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000001751 1. Entity Name EASTPOINTE VILLAS HOMEOWNERS ASSOCIATION OF OCALA, FLORIDA, INC.	
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Principal Place of Business 125 NE 1ST AVE STE 1 OCALA, FL 34470	Mailing Address 125 NE 1ST AVE STE 1 OCALA, FL 34470
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02082005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number 01-0685468	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent GRAY, STEVEN H 125 NE 1ST AVE STE 1 OCALA, FL 34470
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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 LLC, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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	DP FINN, MICHAEL A 2550 NE 36TH AVE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT PEOPLES, WILLIAM D 8100 SE 12TH COURT OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS BOWEN, MARSHA A 2500 NE 36TH AVE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>000000226580 02/12/05-80020-023 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Michael A. Finn-President** **2-10-05** **352-622-3116**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #