2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000001751

1. Entity Name
EASTPOINTE VILLAS HOMEOWNERS ASSOCIATION OF OCALA, FLORIDA, INC.

Principal Place of Business
125 NE 1ST AVE STE 1
OCALA, FL 34470

Mailing Address
125 NE 1ST AVE STE 1
OCALA, FL 34470

DO NOT WRITE IN THIS SPACE

01312006 No Chg-NP CR2E037 (11/05)

4. FEI Number
01-0685468

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GRAY, STEVEN H
125 NE 1ST AVE STE 1
OCALA, FL 34470

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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 — DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

U00000423967
02/18/06-80024-011 61.25

10. OFFICERS AND DIRECTORS

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

DO NOT WRITE 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] President 1-31-06 (352) 622-3116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #