

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT




FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90199 042 ****61.25

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04232007 Chg-NP CR2E037 (12/06)

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	
2. Principal Place of Business - No P.O. Box # 1089 NE 31 TERR		3. Mailing Address 1089 NE 31 Terr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State OCALA FL		City & State OCALA FL	
Zip 34470	Country USA	Zip 34470	Country USA
4. FEI Number 01-0685468		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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		7. Name and Address of New Registered Agent Name GARY A. MCNEILL Street Address (P.O. Box Number is Not Acceptable) 1089 NE 31 TERR City OCALA FL 34470	
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 GARY A. MCNEILL PRESIDENT EAVHOA 2007	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FINN, MICHAEL A 2550 NE 36TH AVE OCALA, FL 34471 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MARY C. BROMIRSKI 1090 NE 32 AVE OCALA FL, 34470 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT PEOPLES, WILLIAM D 8100 SE 12TH COURT OCALA, FL 34480 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BOWEN, MARSHA A 2500 NE 38TH AVE OCALA, FL 34471 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GARY A. MCNEILL 1089 NE 31 TERR OCALA, FL 34470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DAVID M. MAGISTAL 351 NE 11 ST OCALA, FL 34470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CAROL D. STINKS 1042 NE 32 AVE OCALA, FL 34470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.			
SIGNATURE: 		SIGNATURE GARY A. MCNEILL April 24, 2007 352-572-2200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	