

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90026 031 ****61.25

DOCUMENT # N04000005065

1. Entity Name

CIRCLE SQUARE RANCH MASTER ASSOCIATION, INC.



Principal Place of Business

8447 SOUTHWEST 99TH STREET ROAD
OCALA FL 34481

Mailing Address

8447 SOUTHWEST 99TH STREET ROAD
OCALA FL 34481

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

14-1910806

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLEN, GERALD R ESQ.
C/O DEVITO & COLEN
7243 BRYAN DAIRY ROAD
LARGO FL 33777

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE CPD ☐ Delete
NAME COLEN, KENNETH D
STREET ADDRESS 8447 SOUTHWEST 99TH STREET ROAD
CITY-ST-ZIP Ocala FL 34481

TITLE VCPD ☐ Delete
NAME FARANDA, PHILIP
STREET ADDRESS 8447 SOUTHWEST 99TH STREET ROAD
CITY-ST-ZIP Ocala FL 34481

TITLE STD ☒ Delete
NAME JAROSZ, ELAINE
STREET ADDRESS 8447 SOUTHWEST 99TH STREET ROAD
CITY-ST-ZIP Ocala FL 34481

TITLE D ☐ Delete
NAME WOOLBRIGHT, GUY
STREET ADDRESS 8447 SW 99TH ST RD
CITY-ST-ZIP Ocala FL 34481

TITLE D ☐ Delete
NAME KEEVER, BARBARA
STREET ADDRESS 8447 SW 99TH ST RD
CITY-ST-ZIP Ocala FL 34481

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 my address with all other like empowered.