


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90063 046 ****61.25

DOCUMENT # N04000005157 1. Entity Name OCALA REGIONAL KIDNEY ANNEX PROPERTY OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 2437 SE 17TH STREET SUITE 102 OCALA, FL 34471	Mailing Address 2437 SE 17TH STREET SUITE 102 OCALA, FL 34471
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DO NOT WRITE IN THIS SPACE

01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number 20-2653972	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EHLERS, HENRY A
 2437 SE 17TH STREET
 STE 102
 OCALA, FL 34471

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	D
NAME	EHLERS, HENRY A
STREET ADDRESS	2437 SE 17TH STREET SUITE 102
CITY-ST-ZIP	OCALA, FL 34471
TITLE	D
NAME	FULLER, THOMAS J
STREET ADDRESS	2980 SE THIRD COURT
CITY-ST-ZIP	OCALA, FL 34474
TITLE	D
NAME	FUTCH, R. WILLIAM
STREET ADDRESS	610 SE 17TH STREET
CITY-ST-ZIP	OCALA, FL 34471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Henry A. Ehlers, President **FEB 14, 2006** (352) 351-3611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #