

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2007 08:00 A
Secretary of State

DOCUMENT # N04000005157

1. Entity Name
OCALA REGIONAL KIDNEY ANNEX PROPERTY
OWNERS' ASSOCIATION, INC.



Principal Place of Business
2437 SE 17TH STREET SUITE 102
OCALA, FL 34471

Mailing Address
2437 SE 17TH STREET SUITE 102
OCALA, FL 34471



02272007 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-2653972

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

8. 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000654314
03/13/07 80056 019 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
D
EHLERS, HENRY A
STREET ADDRESS
2437 SE 17TH STREET SUITE 102
CITY-ST-ZIP
OCALA, FL 34471

TITLE
NAME
D
FULLER, THOMAS J
STREET ADDRESS
2980 SE THIRD COURT
CITY-ST-ZIP
OCALA, FL 34474

TITLE
NAME
D
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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HENRY A. EHLERS, PRESIDENT

2-27-07 (352) 351-3611

Date

Daytime Phone #