


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

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



02152008 No Chg-NP CR2E037 (4/06)

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
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when re-registering)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2008	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 NAME STREET ADDRESS CITY-ST-ZIP	D EHLERS, HENRY A 2437 SE 17TH STREET SUITE 102 OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULLER, THOMAS J 2880 SE THIRD COURT OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUTCH, R. WILLIAM 610 SE 17TH STREET OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/13/08-80039-001 61.25

**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: <u>Henry A. Ehlers, Director</u> 2-26-08 (352) 351-3611	Date	Daytime Phone #
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