

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90036 002 ****61.25

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1. Entity Name
KERR OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

8467 S.W. 16TH AVE
OCALA, FL 34476

Mailing Address

Kerr Oaks H.A. Inc
13049 NE 228th Ave
Ft. Mc Coy, FL 32134



01212008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
20-3189361

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAY, EDWARD M
8467 S.W. 16TH AVE
OCALA, FL 34476

Mark S. Gall
13049 NE 228th Ave
Ft McCoy FL 32134

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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 Mark S. Gall MARK S. Gall Assoc. President 1/21/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	FP
NAME	RAY, EDWARD M
STREET ADDRESS	8467 S.W. 16TH AVE
CITY-ST-ZIP	OCALA, FL 34476
TITLE	President
NAME	Mark S. Gall
STREET ADDRESS	13049 NE 228th Ave
CITY-ST-ZIP	Ft McCoy, FL 32134
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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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: Mark S. Gall MARK S. Gall 1/21/08 4072574008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #