

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

**FILED  
Jan 11, 2008  
Secretary of State**

DOCUMENT# N05000009513

**Entity Name:** APPLEWOOD PROFESSIONAL PARK PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2801 SE 1ST AVENUE  
BUILDING 100  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

2801 SE 1ST AVENUE  
BUILDING 100  
OCALA, FL 34471

**New Mailing Address:**

**FEI Number:** 20-4594842      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DELCHARCO, MANUEL F JR.  
2801 SE 1ST AVENUE  
BUILDING 100  
OCALA, FL 34471 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DELCHARCO, MANUEL F JR.  
Address: 2801 SE 1ST AVENUE #100  
City-St-Zip: Ocala, FL 34471

Title: D ( ) Delete  
Name: DELCHARCO, KAREN  
Address: 2801 SE 1ST AVENUE #100  
City-St-Zip: Ocala, FL 34471

Title: VD ( ) Delete  
Name: EHLERS, BRIAN E  
Address: 2801 SE 1ST AVENUE #100  
City-St-Zip: Ocala, FL 34471

Title: ST ( ) Delete  
Name: DEIORIO, LAUREN  
Address: 2801 SE 1ST AVENUE #100  
City-St-Zip: Ocala, FL 34471

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL F. DELCHARCO, JR.

PD

01/11/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date