

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003396

FILED
Jan 16, 2009
Secretary of State

Entity Name: OCALA MEDICAL PROPERTIES II CONDOMINIUM PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

825 SE 3RD AVE
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

825 SE 3RD AVE
OCALA, FL 34471

New Mailing Address:

FEI Number: 20-8660173

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEMP, WINDY A
825 SE 3RD AVENUE
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: DP () Delete
Name: THURSTON, GARY
Address: 825 SE 3RD AVENUE
City-St-Zip: OCALA, FL 34471

Title: DV () Delete
Name: DRISCOLL, JOHN
Address: 1805 SE 31 LANE
City-St-Zip: OCALA, FL 34471

Title: ST () Delete
Name: KEMP, WINDY A
Address: 825 SE 3RD AVENUE
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:

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: WINDY A KEMP

T/S

01/16/2009

Electronic Signature of Signing Officer or Director

Date