


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 31, 1999 8:00 am**  
**Secretary of State**

03-31-1999 90003 046 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N13267</b>					
1. Corporation Name <b>OCALA RIDGE ESTATES PROPERTY OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>% ORTEGA AND COMPANY, P.A. 2307 DOUGLAS RD. SUITE 302 MAIMI FL 33145</b>			Mailing Address <b>% ORTEGA AND COMPANY, P.A. 2307 DOUGLAS RD. SUITE 302 MAIMI FL 33145</b>		



2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>01/31/1986</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>59-2725055</b>	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24</b>		Country <b>25</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent <b>ALEXANDER, KAREN LEVIN 625 N. FLAGLER DR. WEST PALM BEACH FL 33401</b>				10. Name and Address of New Registered Agent	
<b>81</b> Name				<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>				<b>84</b> City <b>FL</b> <b>85</b> Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FERNANDEZ, JOSE RAFAEL			1.2 NAME			
STREET ADDRESS	CALLE 56 BB-1A			1.3 STREET ADDRESS			
CITY-ST-ZIP	BAYAMON PR			1.4 CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SANCHEZ, ELENA MEJIAS			2.2 NAME			
STREET ADDRESS	363 BOLIVAR ST.			2.3 STREET ADDRESS			
CITY-ST-ZIP	SANTURCE PR			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LUIS F. FERNANDEZ PENA			3.2 NAME			
STREET ADDRESS	CALLE 56, BB-1A-SANTA TER			3.3 STREET ADDRESS			
CITY-ST-ZIP	BAYAMON PR			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

**SIGNATURE** JOSE RAFAEL FERNANDEZ **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/1999 (787) 724-4200

Date Daytime Phone #

CR2E037 (11/98)