


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-25-2008 90148 002 ****61.25

DOCUMENT # N14686	
1. Entity Name THE FALLS OF OCALA HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 551 SW 79TH TERRACE OCALA, FL 34474	Mailing Address 551 SW 79TH TERRACE OCALA, FL 34474
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DO NOT WRITE IN THIS SPACE



03112008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
MFB REAL ESTATE MGMT 2808 MANATEE AVE W BRADENTON, FL 34206	<i>5609 26th ST. W. 34209</i>

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	P WEBB, BRANDON 551 SW 79TH TERRACE OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNS, CHARLES E 551 SW 79TH TERRACE OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RUTHERFORD, MICHAEL 5000 CLAYTON RD MARYVILLE, TN 37804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____