

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90058 034 \*\*\*\*61.25

**DOCUMENT # N15242**

1. Entity Name  
PARK PLACE OF OCALA HOMEOWNERS ASSOCIATION,  
INC.



Principal Place of Business  
2605 SW 33RD ST  
BLDG #200  
OCALA, FL 34474 US

Mailing Address  
PO BOX 2495  
OCALA, FL 34474 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02172005 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-3111255

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIRKPATRICK, KENNETH  
2605 SW 33RD ST  
BLDG #200  
OCALA, FL 34474

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☐ Delete  
NAME MIMS, MIMA  
STREET ADDRESS 1621 NE 2 ST #703  
CITY-ST-ZIP OCALA, FL 34470

TITLE P/D ☒ Change ☐ Addition  
NAME Frank, Mina  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☒ Delete  
NAME BRITTON, LAURA N  
STREET ADDRESS 1621 NE 2ND ST. #302  
CITY-ST-ZIP OCALA, FL 34470

TITLE S/D ☐ Change ☒ Addition  
NAME Riposta, Patti  
STREET ADDRESS 1621 NE 2nd St. #402  
CITY-ST-ZIP Ocala, FL 34470

TITLE PD ☒ Delete  
NAME DEPASQUALE, DONNA  
STREET ADDRESS 1621 NE 2 ST #2002  
CITY-ST-ZIP OCALA, FL 34470

TITLE D ☐ Change ☒ Addition  
NAME McDonald, Mike  
STREET ADDRESS 1621 NE 2nd St. #403  
CITY-ST-ZIP Ocala, FL 34470

TITLE D ☐ Delete  
NAME PHILLIPS, BOB  
STREET ADDRESS 1621 NE 2ND ST. #203  
CITY-ST-ZIP OCALA, FL 34470

TITLE T/D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME Thorne, Bonnie  
STREET ADDRESS 1621 NE 2nd St. #301  
CITY-ST-ZIP Ocala, FL 34470

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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: *Mina Frank* Mina Frank 2/22/05 352/369-9881