# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 01, 2008**
**Secretary of State**

DOCUMENT# N15242

**Entity Name:** PARK PLACE OF OCALA HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1621 NE 2ND ST.
SUITE 301
OCALA, FL 34470 US

**New Principal Place of Business:**

**Current Mailing Address:**

1621 NE 2ND ST.
SUITE 800
OCALA, FL 34470 US

**New Mailing Address:**

1621 NE 2ND ST.
SUITE 301
OCALA, FL 34470 US

**FEI Number: 59-3111255** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

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

RIPOSTA, PATTI
1621 NE 2ND ST. #402
OCALA, FL 34470 US

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

RIPOSTA, PATTI
1621 NE 2ND ST
402
OCALA, FL 34470 US

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: PATTI RIPOSTA 05/01/2008
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: DVP ( ) Delete
Name: CHISOLM, HENRY
Address: 1621 NE 2ND STREET #503
City-St-Zip: OCALA, FL 34470

Title: DST ( ) Delete
Name: THORPE, BONNIE
Address: 1621 NE 2ND ST #301
City-St-Zip: OCALA, FL 34470

Title: DP ( ) Delete
Name: RIPOSTA, PATTI
Address: 1621 NE 2ND ST #402
City-St-Zip: OCALA, FL 34470

**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: BONNIE THORPE DST 05/01/2008
Electronic Signature of Signing Officer or Director Date