2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2009
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:

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

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 59-3111255 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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:

WELCH, MITZI L P
1621 NE 2ND ST
703
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: MITZI L. WELCH 03/28/2009
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: VP (X) Change ( ) Addition
Name: LIEBFRIED, EDWARD M VP
Address: 1621 NE 2ND STREET #501
City-St-Zip: OCALA, FL 34470

Title: S (X) Change ( ) Addition
Name: SOLER, ANA MARIA S
Address: 1621 NE 2ND ST #202
City-St-Zip: OCALA, FL 34470

Title: P (X) Change ( ) Addition
Name: WELCH, MITZI L P
Address: 1621 NE 2ND ST #703
City-St-Zip: OCALA, FL 34470

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: MITZI L. WELCH P 03/28/2009
Electronic Signature of Signing Officer or Director Date