

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2001 8:00 am
Secretary of State

05-22-2001 90627 008 ****61.25

DOCUMENT # N20158 (10)
 1. Entity Name
OCALA PARK CENTRE MAINTENANCE ASSOCIATION, INC.

Principal Place of Business c/o Arvida/Legal Dept. 7900 Glades Rd., Suite 200 Boca Raton, FL 33434	Mailing Address c/o Arvida/Legal Dept. 7900 Glades Rd., Suite 200 Boca Raton, FL 33484
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74645

2. Principal Place of Business 1320 S.E. 25th Loop Suite, Apt. #, etc. #101 City & State Ocala, FL Zip 34471	Country USA	3. Mailing Address P.O. Box 2495 Suite, Apt. #, etc. City & State Ocala, FL Zip 34478	Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0039166	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent Baric, John Arvida Company 7900 Glades Rd. Boca Raton, FL 33434	
7. Name and Address of New Registered Agent Name M. Jane Nolen Street Address (P.O. Box Number is Not Acceptable) 1320 S.E. 25th Loop, Suite 101 City Ocala FL Zip Code 34471	

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.

SIGNATURE M. Jane Nolen, M. Jane Nolen, Agent - Property Manager DATE 2/6/01
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE-NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/ D <input type="checkbox"/> Delete Joseph M. Shanks, CHA Ocala Hilton 3600 SW 36th Ave Ocala FL 34474	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP -Treasurer/ D <input type="checkbox"/> Delete David Jones LaQuinta Inn- Ocala 3530 SW 36th Ave Ocala, FL 34474	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/ D <input type="checkbox"/> Delete Robin Nicles Lowe's Company, Inc Hwy 268E, N. Wilkesboro NC 28659	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Joseph Shanks DATE 2/ 6/01 DAYTIME PHONE # 352/369-9881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)