

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90119 038 \*\*\*\*61.25



**DOCUMENT # N20158**

1. Entity Name  
 OCALA PARK CENTRE MAINTENANCE ASSOCIATION, INC.

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

Mailing Address  
 P.O. BOX 2495  
 OCALA, FL 34478 US



02152005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0039166	Applied For Not Applicabl
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE 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, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHANKS, JOSEPH M 3600 SW 36TH AVE. OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD JONES, DAVID 3530 SW 36TH AVE. OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NICLES, ROBINS HWY 268 E NORTH WILKESBORO, NC 28659
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 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: \_\_\_\_\_ 2/15/05 352/369-9881