

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2007 08:00 AM
Secretary of State

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**



02132007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0039166

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2007**

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

U00000674447
03/23/07-80068-025 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Shanks

2/19/07

Date

352/369-9881

Daytime Phone #