


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
---	---

DO NOT WRITE IN THIS SPACE



02132007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0039166	Applied For Not Applicable
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 \$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	

DO NOT WRITE IN THIS SPACE

UG00000674447
 03/23/07-80068-025 61.25

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:  **2/19/07** **352/369-9881**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Joseph Shanks** Date: _____ Daytime Phone #: _____