

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22402

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: ORONOQUE HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O GARY C. SIMONS  
121 NW THIRD STREET  
OCALA, FL 34475

**New Principal Place of Business:**

**Current Mailing Address:**

C/O GARY C. SIMONS  
121 NW THIRD STREET  
OCALA, FL 34475

**New Mailing Address:**

FEI Number: 59-2843946

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SIMONS, GARY C.  
121 NW THIRD STREET  
OCALA, FL 32670 US

**Name and Address of New Registered Agent:**

SIMONS, GARY C.  
121 NW THIRD STREET  
OCALA, FL 34475 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: GARY C. SIMONS

01/14/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: HILDNER, FRANK  
Address: 5340 NE 2ND LANE  
City-St-Zip: OCALA, FL 34470

Title: S ( ) Delete  
Name: DEGENESTE, HENRY  
Address: 5445 NE 1ST LANE  
City-St-Zip: OCALA, FL 34470

Title: TC ( ) Delete  
Name: STREKER, WILLIAM  
Address: 5301 NE 2ND LN  
City-St-Zip: OCALA, FL 34470

Title: P ( ) Delete  
Name: SMITH, JAMES  
Address: 5311 NE 2ND LANE  
City-St-Zip: OCALA, FL 34470

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JAMES

P

01/14/2009

Electronic Signature of Signing Officer or Director

Date