FILE NOW: FILING FEE IS $61.25

FILED
Mar 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N27027** **(4)**

1. Corporation Name

CALA HILLS ONE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11635 N.W. 1ST AVENUE GAINESVILLE FL 32607	11635 N.W. 1ST AVENUE GAINESVILLE FL 32607-1114

3. Date Incorporated or Qualified: **06/20/1988**
3a. Date of Last Report: **04/26/1996**

2. Principal Place of Business
21: 2437 SW 20th Ct.
22: Suite, Apt. #, etc.
23: City & State: Ocala, Fl. 34474
24: Zip
25: Country

2a. Mailing Address
26: 2437 SW 20th Ct.
27: Suite, Apt. #, etc.
28: City & State: Ocala, Fl. 34474
29: Zip
30: Country

4. FEI Number: **59-2940335** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CURTIS, JOHN M
11635 N.W. 1ST AVENUE
GAINESVILLE FL 32607

10. Name and Address of New Registered Agent

81 Name: Ellspermann, Vincent T.
82 Street Address (P.O. Box Number Is Not Acceptable): 2437 SW 20th Ct.
83: Ocala, Fl. 34474
84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: VINCENT T. ELLSPERMANN Vincent T. Ellspermann 3/4/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CURTIS, JOHN M 11635 N.W. 1ST AVENUE GAINESVILLE FL 32607	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Vincent T. Ellspermann 2437 SW 20th Ct. Ocala, Fl. 34474	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CURTIS, GAIL W 11635 N.W. 1ST AVENUE GAINESVILLE FL 32607	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD Amrein, Robert 2422 SW 20th Ct. Ocala, Fl. 34474	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SCOTT, STEVE 11635 N.W. 1ST AVENUE GAINESVILLE FL 32607	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S Oliver, Jane 2425 SW 20th Ct. Ocala, Florida 34474	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS BARR, KANDICE 11635 N.W. 1ST AVE. GAINESVILLE FL 32607	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	T Chancey, Margaret 2304 SW 20th Ct. Ocala, Fl. 34474	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Halsey, Richard 2428 SW 20th Ct. Ocala, Fl. 34474	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: VINCENT T. ELLSPERMANN Vincent T. Ellspermann President 3/4/97 352-237-7145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

00011119