FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State
03-17-1999 90145 032 ****61.25

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DOCUMENT # N27027

1. Corporation Name

CALA HILLS ONE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2309 S.W. 20TH CT. OCALA FL 34474 US	2309 S.W. 20TH CT. OCALA FL 34474 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/20/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2940335 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HAMAKER, ELAINE C
2309 S.W. 20TH CT.
OCALA FL 34474

10. Name and Address of New Registered Agent

81 Name: John Jurnigan
82 Street Address (P.O. Box Number is Not Acceptable): 2516 S.W. 27th Ave.
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: John Jurnigan — John Jurnigan — 2/1/99
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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HAMAKER, ELAINE C		1.2 NAME		
STREET ADDRESS	2309 S.W. 20TH CT.		1.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34474		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	HOWELL, ADRIAN		2.2 NAME	McKelvey, Joel	
STREET ADDRESS	2401 S.W. 20TH CT.		2.3 STREET ADDRESS	2433 S W. 20 Ct.	
CITY-ST-ZIP	OCALA FL 34474		2.4 CITY-ST-ZIP	Ocala, FL 34474	
TITLE	S	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GREEN, CAROL		3.2 NAME		
STREET ADDRESS	2435 S.W. 20TH CT.		3.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34474		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	GREEN, ROBERT		4.2 NAME		
STREET ADDRESS	2435 S.W. 20TH CT.		4.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34474		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HALSEY, RICHARD		5.2 NAME		
STREET ADDRESS	2428 S.W. 20TH CT.		5.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ALPERS, CHARLES		6.2 NAME		
STREET ADDRESS	2432 SW 20TH CT		6.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34474		6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — Robert Green — 2/9/99 — 352/237-7277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)