2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State
03-15-2000 90116 009 ****61.25

DOCUMENT # N27027

1. Entity 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 34474-3485 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1320 S. E. 25th Loop	P.O.Box 2495
Suite, Apt. #, etc.: #101	Suite, Apt. #, etc.:
City & State: Ocala, FL	City & State: Ocala, FL 34478
Zip: 34471 Country: USA	Zip: Country:

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JERNIGAN, JOHN 2516 S.W. 27TH AVENUE OCALA FL 34474	Name: Ken Kirkpatrick Street Address (P.O. Box Number is Not Acceptable): 1320 S. E. 25th Loop, Suite 101 City: Ocala FL Zip Code: 34471

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.

SIGNATURE X Ken Kirkpatrick
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAMAKER, ELAINE C 2309 S.W. 20TH CT. OCALA FL 34474	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Tate, Ken 2401 S. W. 20th Terr. Ocala, FL 34474	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCKELVEY, JOEL 2433 S.W. 20TH CT OCALA FL 34474	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Flowers, Bill 2409 S W. 20 Ct. Ocala, FL 34474	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GREEN, ROBERT 2435 S.W. 20TH CT. OCALA FL 34474	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/S/D Russell, Cindy 2407 S. W. 20th Ct. Ocala, FL 34474	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALSEY, RICHARD 2428 S.W. 20TH CT. OCALA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D Wilkinson, Thomas 2408 S.W. 20th Terr. Ocala, FL 34474	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALPERS, CHARLES 2432 SW 20TH CT OCALA FL 34474	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Clodfelter, Ben 2305 S. W. 20 Ct. Ocala, FL 34474	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 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: X Ken Tate 2/28/00 352/369-9881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #