2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State
01-30-2001 90219 043 ****61.25

DOCUMENT # N27027

1. Entity Name

CALA HILLS ONE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1320 SE 25TH LOOP #101 OCALA FL 34471 US	P O BOX 2495 OCALA FL 34478 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	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
KIRKPATRICK, KEN 1320 SE 25TH LOOP STE-101 OCALA FL 34474	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

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 TATE, KEN 2401 SW 20TH TERR OCALA FL 34474	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLOWERS, BILL 2409 SW 20 CT OCALA FL 34474	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T/D Green, Carol 2435 S.W. 20th Ct. Ocala, FL 34474 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD RUSSELL, CINDY 2407 SW 20TH CT OCALA FL 34474	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D London, Jack 2426 S. W. 20 Ct. Ocala, FL 34474 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WILKINSON, THOMAS 2408 SW 20TH TERR OCALA FL 34474	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D London, Elinor 2426 S. W. 20 Ct. Ocala, FL 34474 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLODFELTER, BEN 2305 SW 20 CT OCALA FL 34474	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Preston, Dorothy 2428 S.W. 20 Ct. Ocala, FL 34474 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Reddish, Patricia 2321 S.W. 20 Ct. Ocala, FL 34474 ☐ Change ☒ Addition

CR2E037 (10/00)

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: Ken Tate 1/21/01 352/369-9881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #