2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State
02-16-2004 90043 009 ****61.25

DOCUMENT # N27027

1. Entity Name
CALA HILLS ONE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2605 SW 33RD STREET BUILDING 200 OCALA, FL 34474 US	P O BOX 2495 OCALA, FL 34478 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01062004 Chg-NP CR2E037 (10/03)

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

KIRKPATRICK, KEN
2650 SW 33RD STREET BLDG. #200
OCALA, FL 34474

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TATE, KEN 2401 SW 20TH TERR OCALA, FL 34474	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GREEN, CAROL 2435 SW 20TH CT. OCALA, FL 34474	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD REDDISH, PATRICIA 2321 SW 20TH CT OCALA, FL 34474	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREEN, BOB 2435 SW 20TH CT. OCALA, FL 34474	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Hunter, Josie 2303 S.W. Court Ocala, FL 34474	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WILKINSON, TOM 2408 SW 20TH TERR. OCALA, FL 34474	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Kottke, Bruce 2902 Shoak Creek Village Lakeland, FL 33803	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 Pres. 1/13/04 352/369-9881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #