2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008
Secretary of State

DOCUMENT# N27027

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

Current Principal Place of Business:

1136 NE 14TH STREET
OCALA, FL 34470 US

New Principal Place of Business:

Current Mailing Address:

1136 NE 14TH STREET
OCALA, FL 34470 US

New Mailing Address:

FEI Number: 59-2940335 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REDDISH, PATRICIA
1136 NE 14TH STREET
OCALA, FL 34470 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	TATE, KEN	
Address:	2401 SW 20TH TERR	
City-St-Zip:	OCALA, FL 34474	
Title:	D	( ) Delete
Name:	CLARK, CONNIE	
Address:	2445 SW 20 CT	
City-St-Zip:	OCALA, FL 34474	
Title:	PD	( ) Delete
Name:	REDDISH, PATRICIA	
Address:	2321 SW 20TH CT	
City-St-Zip:	OCALA, FL 34474	
Title:	SD	( ) Delete
Name:	LYTLE, RICHARD	
Address:	2415 SW 20TH TERR	
City-St-Zip:	OCALA, FL 34474	
Title:	TD	( ) Delete
Name:	JULIA TIERNEY,	
Address:	2404 SW 20TH TERRACE	
City-St-Zip:	OCALA, FL 34474	
Title:	VD	( ) Delete
Name:	CAROLYN CAIROLI,	
Address:	2406 SW 20TH TERRACE	
City-St-Zip:	OCALA, FL 34474	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA REDDISH DP 02/21/2008

Electronic Signature of Signing Officer or Director — Date