FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 24 PM 12:37

DOCUMENT # N35509 (1)

1. Corporation Name
MARION COUNTY PROPERTY MANAGEMENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2327 SOUTHEAST LAKE WEIR ROAD P O BOX 740111 OCALA FL 32674	2327 SOUTHEAST LAKE WEIR ROAD P O BOX 740111 OCALA FL 32674

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/01/1989
3a. Date of Last Report: 08/17/1994
4. FEI Number: 59-2982298 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PRINE, KENNA
2327 SOUTHEAST LAKE WEIR ROAD
OCALA FL 32671

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	~~BROWN, LAURIE ANNE~~	1.2 NAME	NINA JOHNSON	
STREET ADDRESS	~~1655 SOUTHWEST 5 AVENUE~~	1.3 STREET ADDRESS	2640 NE 52 COURT	
CITY-ST-ZIP	~~OCALA FL~~	1.4 CITY-ST-ZIP	SILVER SPRINGS, FL 34488	
TITLE	V	2.1 TITLE	VICE-PRESIDENT	☐ Change ☒ Addition
NAME	~~JOHNSON, NINA~~	2.2 NAME	MARCY COLE	
STREET ADDRESS	~~2640 NORTHEAST 52 COURT~~	2.3 STREET ADDRESS	1601 SW 27 AVENUE	
CITY-ST-ZIP	~~SILVER SPRINGS FL~~	2.4 CITY-ST-ZIP	OCALA, FL 34474	
TITLE	ST	3.1 TITLE	TREASURER	☒ Change ☐ Addition
NAME	~~PRINE, KENNA~~	3.2 NAME	LAURIE ANNE BROWN	
STREET ADDRESS	~~2327 SE LAKE WEIR RD~~	3.3 STREET ADDRESS	1655 SW 5 AVE	
CITY-ST-ZIP	~~OCALA FL~~	3.4 CITY-ST-ZIP	OCALA, FL 34474	
TITLE	D	4.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	~~HUENNEKENS, CATHY~~	4.2 NAME	CATHY HUENNEKENS	
STREET ADDRESS	~~3661 NE 36TH AVE #C~~	4.3 STREET ADDRESS	3661 NE 36 AVE-C	
CITY-ST-ZIP	~~OCALA FL~~	4.4 CITY-ST-ZIP	OCALA, FL 34470	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	JONES, NANCY	5.2 NAME		
STREET ADDRESS	1847 SW 1ST AVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	~~PARKER, WM~~	6.2 NAME	KENNA PRINE	
STREET ADDRESS	~~3901 SOUTHEAST 17 AVENUE~~	6.3 STREET ADDRESS	[redacted] P.O. BOX 740111/614 S MAGNOLIA	
CITY-ST-ZIP	~~OCALA FL~~	6.4 CITY-ST-ZIP	OCALA, FL 34478	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Laurie Anne Brown LAURIE ANNE BROWN 5/21/95 (904) 351-0808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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