


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90014 035 ****61.25

DOCUMENT # N40612			
1. Entity Name COUNTRY MEADOWS HOMEOWNERS ASSOCIATION OF OCALA, INC.			
Principal Place of Business 7833 SW 62ND CT OCALA FL 34476		Mailing Address PO BOX 771413 OCALA FL 34477	
2. Principal Place of Business - No P.O. Box # 7955 SW 62nd CT		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State OCALA FL		City & State	
Zip 34476	Country MARION	Zip	Country
6. Name and Address of Current Registered Agent STERMER, ROBERT A 8585 SW HWY 200 STE 9 OCALA FL 34481		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: _____ (NOTE: Registered Agent signature required when reinstating)			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			



1st MOORE CR2E037 (10/06)

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	SD LADNIER, PAUL 7723 SW 62 CT OCALA FL 34476 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SAME
TITLE NAME STREET ADDRESS CITY ST ZIP	PD BRINK, HERBERT 7877 SW 62 CT OCALA FL 34476 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD YOUNG, GEORGE 7424 SW 63rd AVE RD OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY ST ZIP	AD PENA, GLORIA 7970 SW 62 CT OCALA FL 34476 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition AD SAPP, ALLEN 7900 SW 63rd AVE RD OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY ST ZIP	VPD YOUNG, GEORGE 7889 SW 63 AVE RD OCALA FL 34476 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VPD FREDERICKS, GEORGE 7685 SW 63rd Ave Rd OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY ST ZIP	TD MARTILLARO, LANA 7955 SW 62 CT OCALA FL 34476 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SAME
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Lana Martillaro LANA MARTILLARO 2-5-07 352-861-6678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #