

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40612

FILED  
Jan 14, 2009  
Secretary of State

**Entity Name:** COUNTRY MEADOWS HOMEOWNERS ASSOCIATION OF OCALA, INC.

**Current Principal Place of Business:**

7955 SW 62ND CT  
OCALA, FL 34476

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 771413  
OCALA, FL 34477

**New Mailing Address:**

**FEI Number:** 59-3053033

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STERMER, ROBERT A  
8585 SW HWY 200  
STE 9  
OCALA, FL 34481 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: SD ( ) Delete  
Name: SCHOFIELD, ERNEST  
Address: 7770 SW 63RD AVE ROAD  
City-St-Zip: OCALA, FL 34476

Title: PD ( ) Delete  
Name: BRINK, HERBERT  
Address: 7877 SW 62ND COURT  
City-St-Zip: OCALA, FL 34476

Title: AD ( ) Delete  
Name: BARTHOLOMEW, CAROLE  
Address: 7810 SW 61ND COURT  
City-St-Zip: OCALA, FL 34476

Title: VPD ( ) Delete  
Name: YOUNG, GEORGE  
Address: 7929 SW 63ND AVE ROAD  
City-St-Zip: OCALA, FL 34476

Title: TD ( ) Delete  
Name: MARTILLARO, LANA  
Address: 7955 SW 62 CT  
City-St-Zip: OCALA, FL 34476

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD (X) Change ( ) Addition  
Name: BRINK, HERBERT  
Address: 7877 SW 62ND CT  
City-St-Zip: OCALA, FL 34476

Title: PD (X) Change ( ) Addition  
Name: CATLI, BARBARA  
Address: 7700 SW 63RD AVE RD  
City-St-Zip: OCALA, FL 34476

Title: AD (X) Change ( ) Addition  
Name: MAHLER, LORE  
Address: 7685 SW 63RD AVE RD  
City-St-Zip: OCALA, FL 34476

Title: VPD (X) Change ( ) Addition  
Name: STUTZ, CHARLES  
Address: 7818 SW 63RD AVE RD  
City-St-Zip: OCALA, FL 34476

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: LANA MARTILLARO

TD

01/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date