

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41786

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: MAJESTIC OAKS HOMEOWNERS ASSOCIATION OF OCALA, INC.

**Current Principal Place of Business:**

5382 SW 84TH PLACE  
OCALA, FL 34476

**New Principal Place of Business:**

5268 SW 88TH PLACE  
OCALA, FL 34476

**Current Mailing Address:**

PO BOX 771071  
OCALA, FL 344761071

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

ALLEN, PETER  
5382 SW 84TH PLACE  
OCALA, FL 34476    US

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

FISHER, NAN  
5268 SW 88TH PLACE  
OCALA, FL 34476    US

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: NAN FISHER

01/15/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title:                      DP                      ( ) Delete  
Name:                      ALLEN, PETER  
Address:                      5382 SW 84TH PLACE  
City-St-Zip:                      OCALA, FL 34476

Title:                      DV                      ( ) Delete  
Name:                      BOLLA, ALFRED M JR  
Address:                      5675 SW 89TH PLACE  
City-St-Zip:                      OCALA, FL 34476

Title:                      DS                      ( ) Delete  
Name:                      FISHER, NAN  
Address:                      5268 SW 88TH PLACE  
City-St-Zip:                      OCALA, FL 344763870

Title:                      DT                      ( ) Delete  
Name:                      PROCTOR, ARNO E  
Address:                      5393 SW 86TH PLACE  
City-St-Zip:                      OCALA, FL 34476

Title:                      D                      ( ) Delete  
Name:                      BARTOLOMEO, LOUIS  
Address:                      5580 SW 87TH LANE  
City-St-Zip:                      OCALA, FL 344763693

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title:                      DS                      (X) Change ( ) Addition  
Name:                      ALLEN, PETER  
Address:                      5382 SW 84TH PLACE  
City-St-Zip:                      OCALA, FL 34476

Title:                      DV                      (X) Change ( ) Addition  
Name:                      WALLACE, RON  
Address:                      8933 SW52 CT  
City-St-Zip:                      OCALA, FL 34476

Title:                      DP                      (X) Change ( ) Addition  
Name:                      FISHER, NAN  
Address:                      5268 SW 88TH PLACE  
City-St-Zip:                      OCALA, FL 344763870

Title:                      DT                      (X) Change ( ) Addition  
Name:                      COLAIANNI, BARBARA A  
Address:                      5457 SW 85TH PL  
City-St-Zip:                      OCALA, FL 34476

Title:                      D                      (X) Change ( ) Addition  
Name:                      MCCOY, MICHAEL  
Address:                      5867 SW 86TH PL  
City-St-Zip:                      OCALA, FL 34476

Title:                      D                      ( ) Change (X) Addition  
Name:                      ALLEN, MARTA  
Address:                      5382 SW 84TH PL  
City-St-Zip:                      OCALA, FL 34476

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: BARBARA A COLAIANNI

DT

01/15/2009

Electronic Signature of Signing Officer or Director

Date