

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000004523

**FILED**  
**Jan 14, 2012**  
**Secretary of State**

**Entity Name:** OCALA TRAINING FARM - UNIT ONE - PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1000 NW 150 AVENUE  
OCALA, FL 34482 US

**New Principal Place of Business:**

15430 NW 16 LANE  
OCALA, FL 34482 US

**Current Mailing Address:**

P.O. BOX 771163  
OCALA, FL 34477 US

**New Mailing Address:**

**FEI Number:** 59-3273707      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

KAPLAN, SHARON B  
1245 SW 37 PLACE ROAD  
OCALA, FL 34471 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: DP  
Name: BUDZINSKI, ROBERT  
Address: PO BOX 771163  
City-St-Zip: OCALA, FL 34477 US

Title: DST  
Name: BUDZINSKI, MARY L KAPLAN  
Address: PO BOX 771163  
City-St-Zip: OCALA, FL 34477 US

Title: D  
Name: BUDZINSKI KAPLAN, SHARON  
Address: 1245 SW 37 PLACE ROAD  
City-St-Zip: OCALA, FL 34471 US

I hereby 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 all other like empowered.

SIGNATURE: SHARON KAPLAN

D

01/14/2012

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

\_\_\_\_\_  
Date