

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # N95000004464	
1. Entity Name SOUTH FORTY INDUSTRIAL PARK PHASE II OWNERS ASSOCIATION, INC.	
Principal Place of Business 2801 SW COLLEGE RD STE 9 OCALA, FL 34474	Mailing Address P.O. BOX 206 OCALA, FL 34478 US



01042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5654440	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MACKAY, DAVID L
2801 SW COLLEGE RD
STE 9
OCALA, FL 34474**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE
02/13/08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

02/13/08-80033-004 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACKAY, DAVID L 2801 SW COLLEGE RD, STE. 9 OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANSARD, BARRY A 7380 NW 163RD CT MORRISTON, FL 32668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANSARD, KANDY K 7380 NW 163RD CT MORRISTON, FL 32668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/08

Date

352-237-3800

Daytime Phone #