

# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N96000000358

1. Entity Name  
WHITE OAK VILLAGE HOMEOWNERS' ASSOCIATION,  
INC.



Principal Place of Business  
C/O 2801 SW COLLEGE RD  
UNIT 18  
OCALA, FL 34474

Mailing Address  
C/O PO BOX 5130  
OCALA, FL 34478

FILED

08 OCT -7 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09082008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #  
c/o 2400 SW 21 Cir  
Suite, Apt. #, etc.

3. Mailing Address  
c/o 2400 SW 21 Cir  
Suite, Apt. #, etc.

City & State  
Ocala FL

City & State  
Ocala FL

4. FEI Number  
59-3423955

Applied For  
Not Applicable

Zip  
34471

Country  
USA

Zip  
34471

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

FOWLER, DEBRA  
2801 SW COLLEGE RD  
UNIT 18  
OCALA, FL 34474

## 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME GLASSMAN, SHARON  
STREET ADDRESS 2801 SW COLLEGE RD UNIT 18  
CITY-ST-ZIP Ocala, FL 34474

TITLE D ☐ Delete  
NAME REHBEIN, CARL  
STREET ADDRESS 1901 SW 28 ST  
CITY-ST-ZIP Ocala, FL 34471

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Secretary ☐ Change ☒ Addition  
NAME John Redman  
STREET ADDRESS 2716 SW 20 Ave  
CITY-ST-ZIP Ocala FL 34471

TITLE President ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200136819502  
10/10/08--01038--013 \*\*\$61.25

TITLE Treasurer ☐ Change ☒ Addition  
NAME Matthew Ayers  
STREET ADDRESS 2800 SW 20 Ave  
CITY-ST-ZIP Ocala FL 34471

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

JOHN REDMAN

10/02/08

352 502 4136

Date

Daytime Phone #

10/8