

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90013 009 \*\*\*\*61.25

**DOCUMENT # N96000001037**

1. Entity Name  
**THE COUNTRY CLUB OF OCALA PROPERTY OWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**2605 SW 33RD STREET  
SUITE 200  
OCALA, FL 34474**

Mailing Address  
**P.O. BOX 2495  
OCALA, FL 34478**

**44010992**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01202004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3518001**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KIRKPATRICK, KENNETH  
2605 SW 33RD STREET  
BLDG. 200  
OCALA, FL 34474**

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

**Filing Fee is \$61.25  
Due by May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME LEFEVER, EDWARD  
STREET ADDRESS 1810 SE 33 LN.  
CITY-ST-ZIP Ocala, FL 34471

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

TITLE VD ☒ Delete  
NAME WHITE, WILLIAM  
STREET ADDRESS 6931 SE 12 CIR.  
CITY-ST-ZIP Ocala, FL 34471

TITLE PD ☐ Change ☒ Addition  
NAME Perkins, Carter, Jr.  
STREET ADDRESS 7308 SE 12 Circle  
CITY-ST-ZIP Ocala, FL 34480

TITLE D ☐ Delete  
NAME ERWINE, LYNN  
STREET ADDRESS 6990 S.E. 12 CIR  
CITY-ST-ZIP Ocala, FL 34480

TITLE SD ☐ Change ☒ Addition  
NAME Power, Cathv  
STREET ADDRESS 7387 SE 12 Circle  
CITY-ST-ZIP Ocala, FL 34480

TITLE TD ☒ Delete  
NAME ELLSPERMANN, CARL  
STREET ADDRESS 808 S.E. 69TH PLACE  
CITY-ST-ZIP Ocala, FL 34480

TITLE D ☐ Change ☒ Addition  
NAME Parramore, Bob  
STREET ADDRESS 7374 SE 12 Circle  
CITY-ST-ZIP Ocala, FL 34480

TITLE D ☐ Delete  
NAME RANSOME, MARYANNE  
STREET ADDRESS 7819 S.E. 12TH CIR.  
CITY-ST-ZIP Ocala, FL 34480

TITLE D ☐ Change ☒ Addition  
NAME Wood, Karen  
STREET ADDRESS 7854 SE 12 Circle  
CITY-ST-ZIP Ocala, FL 34480

TITLE VD ☐ Delete  
NAME CAPLAN, BRUCE  
STREET ADDRESS 7302 SE 12 CIRCLE  
CITY-ST-ZIP Ocala, FL 34480

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

SEE OVER

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Carter Perkins Jr* **CARTER PERKINS JR** 2/4/04 352-245-9184