

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000002900

1. Entity Name
ALAMAR VILLAGE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**760 SE 131ST STREET
OCALA, FL 34480 US**

Mailing Address
**760 SE 131ST STREET
OCALA, FL 34480 US**



01082006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FULK, JANET L
760 SE 131ST STREET
OCALA, FL 34480**

**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 JANET L. FULK, SEC/TREAS. Janet L. Fulk 1/10/06
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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **JAMES, KIM**
STREET ADDRESS **1049 SE 131ST STREET**
CITY-ST-ZIP **OCALA, FL 34480**

TITLE **D**
NAME **FULK, ROBERT G**
STREET ADDRESS **760 SE 131ST STREET**
CITY-ST-ZIP **OCALA, FL 34480**

TITLE **D**
NAME **DAVISON, DAVE**
STREET ADDRESS **545 SE 131ST STREET**
CITY-ST-ZIP **OCALA, FL 34480**

TITLE **D**
NAME **MANRESA, CARLOS**
STREET ADDRESS **570 SE 131ST STREET**
CITY-ST-ZIP **OCALA, FL 34480**

TITLE **D**
NAME **DURFEE, ALLAN**
STREET ADDRESS **767 SE 131ST STREET**
CITY-ST-ZIP **OCALA, FL 34480**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000384972
01/17/06-80037-008 61.25

**DO NOT WRITE
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: Janet L. Fulk JANET L. FULK 1/10/06 352-307-4637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #