


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000005337	
1. Entity Name CALA HILLS PROFESSIONAL PARK OWNERS' ASSOCIATION, INC.	

Principal Place of Business 1700 SE 17TH STREET, #300 OCALA, FL 34471	Mailing Address 1700 SE 17TH STREET, #300 OCALA, FL 34471
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02182005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3424834	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BOYD, ROY T III
1700 SE 17TH STREET, #300
OCALA, FL 34471**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

000000344191
04/29/05-80125-021 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BOYD, ROY T III
STREET ADDRESS	1700 SE 17TH STREET, #300
CITY-ST-ZIP	OCALA, FL 34471

TITLE	D
NAME	BOYD, CHRIS
STREET ADDRESS	1700 SE 17TH STREET, #300
CITY-ST-ZIP	OCALA, FL 34471

TITLE	D
NAME	OLIVER, SHARON L
STREET ADDRESS	2835 S.W. 34TH AVENUE
CITY-ST-ZIP	OCALA, FL 34474

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 119, 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: _____ **Date** 4-18-05 **Daytime Phone #** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR