


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90782 044 ****61.25

DOCUMENT # N99000006569

1. Entity Name
OCALA AIRPORT PROPERTIES OWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
P.O. BOX 4196 **P.O. BOX 4196**
SEMINOLE FL 33775 **SEMINOLE FL 33775**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-0993222 Not Applicable

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

6. Name and Address of Current Registered Agent
G. SHEPPARD W. DOZIER
9 NORTHEAST FIRST AVENUE
OCALA FL 34470

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: 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

TITLE NAME	PSTD BOYLE, JACK R JR	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 4196	
CITY-ST-ZIP	SEMINOLE FL 33775	
TITLE NAME	D ROUNTREE, JIM	<input type="checkbox"/> Delete
STREET ADDRESS	14246 HAWKSMORE LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32254	
TITLE NAME	D WEST, JIM	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 723715	
CITY-ST-ZIP	ATLANTA GA 31139	
TITLE NAME	D TAYLOR, LARRY	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 260	
CITY-ST-ZIP	DOCTORS INLET FL 32030	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: Jack R. Boyle Jr. **JACK R. BOYLE JR.** **President** **4/29/04** **(727) 392-1080**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

14018807



MOORE CR2E037 (11/03)