


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90208 045 ****61.25

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DOCUMENT# N99000006569					
1. EntityName OCALAAIRPORTPROPERTIESOWNERS' ASSOCIATION, INC.					
PrincipalPlaceofBusiness P.O. BOX 2765 OCALA, FL 34478		MailingAddress P.O. BOX 2765 OCALA, FL 34478			
2. PrincipalPlaceofBusiness		3. MailingAddress			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City&State		City&State			
Zip	Country	Zip	Country	4. FEINumber 65-0993222	
5. CertificateofStatusDesired <input type="checkbox"/>				AppliedFor <input type="checkbox"/> NotApplicable	
6. NameandAddressofCurrentRegisteredAgent				7. NameandAddressofNewRegisteredAgent	
G. SHEPPARD W. DOZIER 9 NORTHEAST FIRST AVENUE OCALA, FL 34470				Name	
				StreetAddress (P.O. Box Number is Not Acceptable)	
				City	
				FL ZipCode	
8. The abovenamed 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's signature is required when re-instating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PSTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOYLE, JACK R JR		NAME		
STREET ADDRESS	P.O. BOX 4196		STREET ADDRESS		
CITY - ST - ZIP	SEMINOLE, FL 33775		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROUNTREE, JIM		NAME		
STREET ADDRESS	14246 HAWKSMORE LANE		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32254		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEST, JIM		NAME		
STREET ADDRESS	P.O. BOX 723715		STREET ADDRESS		
CITY - ST - ZIP	ATLANTA, GA 31139		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TAYLOR, LARRY		NAME		
STREET ADDRESS	P.O. BOX 260		STREET ADDRESS		
CITY - ST - ZIP	DOCTORS INLET, FL 32030		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: <i>Jack R. Boyle Jr.</i>		JACK R. BOYLE JR.		4/25/06 392-1500	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone#	