

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 01, 2009
Secretary of State**

DOCUMENT# N99000006569

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

Current Principal Place of Business:

P.O. BOX 2765
OCALA, FL 34478

New Principal Place of Business:

9 NE 1ST AVENUE
OCALA, FL 34470

Current Mailing Address:

P.O. BOX 2765
OCALA, FL 34478

New Mailing Address:

FEI Number: 65-0993222 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

G. SHEPPARD W. DOZIER
9 NORTHEAST FIRST AVENUE
OCALA, FL 34470 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: BOYLE, JACK R JR
Address: P.O. BOX 4196
City-St-Zip: SEMINOLE, FL 33775

Title: D () Delete
Name: ROUNTREE, JIM
Address: 14246 HAWKSMORE LANE
City-St-Zip: JACKSONVILLE, FL 32254

Title: D () Delete
Name: WEST, JIM
Address: P.O. BOX 723715
City-St-Zip: ATLANTA, GA 31139

Title: D () Delete
Name: TAYLOR, LARRY
Address: P.O. BOX 260
City-St-Zip: DOCTORS INLET, FL 32030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK R. BOYLE JR.

PSTD

05/01/2009

Electronic Signature of Signing Officer or Director

_____ Date