

**2007 FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-05-2007 90093 032 ***150.00

DOCUMENT # P05000066421 1. Entity Name OCALA RESORT PROPERTIES, INC.																																																																																																																													
Principal Place of Business 3145 SOUTH ATLANTIC AVENUE 705 DAYTONA BEACH SHORES FL 32118			Mailing Address 3145 SOUTH ATLANTIC AVENUE 705 DAYTONA BEACH SHORES FL 32118																																																																																																																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																										
City & State			City & State																																																																																																																										
Zip		Country		Zip																																																																																																																									
Country		4. FEI Number 542179082 ☐ Applied For ☐ Not Applicable																																																																																																																											
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																																																																																													
6. Name and Address of Current Registered Agent DEMBINSKY, STEPHAN 3145 SOUTH ATLANTIC AVENUE 705 DAYTONA BEACH SHORES FL 32118				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																																									
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.				 DATE																																																																																																																									
SIGNATURE _____ (NOTE: Registered Agent signature required when resigning)																																																																																																																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>DEMBINSKY, STEPHAN</td> <td>☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td>3145 SOUTH ATLANTIC AVENUE #705</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>DAYTONA BEACH SHORES FL 32118</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td>☐</td> </tr> <tr> <td>NAME</td> <td>ROBINSON, PAUL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5951 RIVERSIDE DRIVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PORT ORANGE FL 32127</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TRES</td> <td>☐</td> </tr> <tr> <td>NAME</td> <td>POLITIS, MICHAEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2563 SOUTH PENINSULA DRIVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>DAYTONA BEACH FL 32118</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SEC</td> <td>☐</td> </tr> <tr> <td>NAME</td> <td>DEMBINSKY, SANDRA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3145 SOUTH ATLANTIC AVENUE #705</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>DAYTONA BEACH SHORES FL 32118</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;">Change</td> <td style="width: 20%; text-align: center;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>☐</td> <td>☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐</td> <td>☐</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐</td> <td>☐</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> </table>						TITLE	NAME	Delete	NAME	DEMBINSKY, STEPHAN	☐	STREET ADDRESS	3145 SOUTH ATLANTIC AVENUE #705		CITY - ST - ZIP	DAYTONA BEACH SHORES FL 32118		TITLE	VP	☐	NAME	ROBINSON, PAUL		STREET ADDRESS	5951 RIVERSIDE DRIVE		CITY - ST - ZIP	PORT ORANGE FL 32127		TITLE	TRES	☐	NAME	POLITIS, MICHAEL		STREET ADDRESS	2563 SOUTH PENINSULA DRIVE		CITY - ST - ZIP	DAYTONA BEACH FL 32118		TITLE	SEC	☐	NAME	DEMBINSKY, SANDRA		STREET ADDRESS	3145 SOUTH ATLANTIC AVENUE #705		CITY - ST - ZIP	DAYTONA BEACH SHORES FL 32118		TITLE		☐	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		☐	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	Change	Addition	NAME		☐	☐	STREET ADDRESS				CITY - ST - ZIP				TITLE		☐	☐	NAME				STREET ADDRESS				CITY - ST - ZIP				TITLE		☐	☐	NAME				STREET ADDRESS				CITY - ST - ZIP			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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: _____ 1-26-07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																													