

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000012615

Entity Name: CALA HILLS DEVELOPMENT, INC.

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2801 SW COLLEGE RD  
UNIT 18  
OCALA, FL 34474

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5130  
OCALA, FL 344785130 US

**New Mailing Address:**

FEI Number: 59-3302252

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FOWLER, DEBRA  
2801 SW COLLEGE RD  
UNIT 18  
OCALA, FL 34474 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: PD  
Name: GLASSMAN, JEROME  
Address: 2801 SW COLLEGE RD UNIT 18  
City-St-Zip: Ocala, FL 34474

Title: VD  
Name: GLASSMAN, SHARON  
Address: 2801 SW COLLEGE RD UNIT 18  
City-St-Zip: Ocala, FL 34474

Title: STD  
Name: DEBRA FOWLER  
Address: 2801 SW COLLEGE R UNIT 18  
City-St-Zip: Ocala, FL 34474

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DEBRA FOWLER

ST

04/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date