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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000012618

1. Corporation Name

CALA HILLS PARK, INC.

Principal Place of Business

2801 S.W. COLLEGE RD.
#18
OCALA FL 34474

Mailing Address

PO BOX 740180
OCALA FL 34478

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/14/1995

4. FEI Number

59-3302247

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax.

☐Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

GRAY, STEVEN H
125 N.E. FIRST AVE.
SUITE 1
OCALA FL 34470

10. Name and Address of New Registered Agent

81 Name

DEBRA FOWLER

82 Street Address (P.O. Box Number is Not Acceptable)

2801-18 SW COLLEGE RD

83

84 City

OCALA

FL

85 Zip Code

34474

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	☐ DELETE
NAME	GRAY, STEVEN H	
STREET ADDRESS	125 N.E. FIRST AVE., STE. 1	
CITY-ST-ZIP	OCALA FL 34474	

TITLE	VD	☐ DELETE
NAME	GLASSMAN, SHARON M.	
STREET ADDRESS	2801 SW COLLEGE RD., UNIT 18	
CITY-ST-ZIP	OCALA FL 34474	

TITLE	PD	☐ DELETE
NAME	GLASSMAN, JEROME E.	
STREET ADDRESS	2801 SW COLLEGE RD., UNIT-18	
CITY-ST-ZIP	OCALA FL 34474	

TITLE	TD	☐ DELETE
NAME	FOWLER, DEBRA S.	
STREET ADDRESS	2801 SW COLLEGE RD., UNIT 18	
CITY-ST-ZIP	OCALA FL 34474	

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		

2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE	STD	☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerome E. Glassman
Jerome E. GLASSMAN

Date

Daytime Phone #

4/6/99

352-873-4455

CR2E034 (1/1/98)