

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90081 041 ***150.00

DOCUMENT # P95000012618

1. Entity Name
CALA HILLS PARK, INC.



Principal Place of Business
**2400 SW 21 CIRCLE
OCALA, FL 34474**

Mailing Address
**PO BOX 5130
OCALA, FL 34478-5130**



2. Principal Place of Business
2801 SW College Rd

3. Mailing Address

Suite, Apt. #, etc.
Unit 18

Suite, Apt. #, etc.

City & State
Ocala FL

City & State

Zip
34474

Country

Zip

Country

03292006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3302247

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FOWLER, DEBRA
2400 SW 21 CIRCLE
OCALA, FL 34474**

7. Name and Address of New Registered Agent

Name

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

2801 SW College Rd Unit 18

City
Ocala

FL

Zip Code
34474

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.

SIGNATURE

Debra Fowler

Debra Fowler 04/11/2006

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VD
GRAY, STEVEN.H
125 N.E. FIRST AVE., STE. 1
OCALA, FL 34474**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VD
GLASSMAN, SHARON M.
2400 SW 21 CIRCLE
OCALA, FL 34474**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
GLASSMAN, JEROME E.
2400 SW 21 CIRCLE
OCALA, FL 34474**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**STD
FOWLER, DEBRA S.
2400 SW 21 CIRCLE
OCALA, FL 34474**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**2801 SW College Rd Unit 18
Ocala FL 34474**

☒ Change ☐ Addition

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☐ Change ☐ Addition

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 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:

Sharon Glassman

Sharon Glassman 04/11/2006 352.237.1186

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #