

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000025033

Entity Name: CALA HILLS CLUB, INC.

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

2400 SW 21 CIR
OCALA, FL 34474

New Principal Place of Business:

2400 SW 21 CIR
OCALA, FL 34471

Current Mailing Address:

PO BOX 5130
OCALA, FL 344785130

New Mailing Address:

FEI Number: 59-3372136

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER, DEBRA
2801-18 SW COLLEGE RD
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: GLASSMAN, SHARON
Address: 2801-18 SW COLLEGE RD
City-St-Zip: OCALA, FL 34474

Title: P () Delete
Name: GLASSMAN, JEROME E
Address: 2801-18 SW COLLEGE RD
City-St-Zip: OCALA, FL 34474

Title: ST () Delete
Name: FOWLER, DEBRA S
Address: 2801-18 SW COLLEGE RD
City-St-Zip: OCALA, FL 34474

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:

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

SIGNATURE: DEBRA FOWLER

ST

04/22/2009

Electronic Signature of Signing Officer or Director

Date