

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000006257

**FILED**  
**Jul 20, 2010**  
**Secretary of State**

**Entity Name:** OCALA EXECUTIVE APARTMENTS, INC.

**Current Principal Place of Business:**

805 S MAGNOLIA AVE  
SUITE D  
OCALA, FL 34471

**New Principal Place of Business:**

805 S MAGNOLIA AVE  
SUITE C  
OCALA, FL 34471

**Current Mailing Address:**

P.O. BOX 1496  
OCALA, FL 34478

**New Mailing Address:**

**FEI Number:** 59-3422440

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DESIMONE, DALE W  
805 S. MAGNOLIA AVE.  
SUITE D  
OCALA, FL 34471 US

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

DESIMONE, DALE W  
805 S. MAGNOLIA AVE.  
SUITE C  
OCALA, FL 34471 US

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: DALE W. DESIMONE

07/20/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LAWTON, SUZANNE  
Address: 331 AUSTRALIAN AVENUE  
City-St-Zip: PALM BEACH, FL 33480

Title: ST  
Name: LAWTON, SUZANNE  
Address: 331 AUSTRALIAN AVE  
City-St-Zip: PALM BEACH, FL 33480

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: SUZANNE LAWTON

PD

07/20/2010

Electronic Signature of Signing Officer or Director

Date