

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761507

Entity Name: FOX MEADOW HOME OWNERS ASSOCIATION OF OCALA, INC**Current Principal Place of Business:**1515 EAST SILVER SPRINGS BLVD
SUITE 110
OCALA, FL 34470**Current Mailing Address:**P.O. BOX 3305
BELLEVIEW, FL 34421 US**FEI Number:** 59-2190414**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VINE MANAGEMENT OF OCALA, LLC
1515 EAST SILVER SPRINGS BLVD
SUITE 110
OCALA, FL 34470 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	BINEGAR, SCOTT
Address	P.O. BOX 3305
City-State-Zip:	BELLEVIEW FL 34421

Title	VP
Name	SARGENT, SUMMER
Address	P.O. BOX 3305
City-State-Zip:	BELLEVIEW FL 34421

Title	TREASURER
Name	PEE, JACKIE
Address	P.O. BOX 3305
City-State-Zip:	BELLEVIEW FL 34421

Title	SECRETARY
Name	BUNCH, PENNY
Address	P.O. BOX 3305
City-State-Zip:	BELLEVIEW FL 34421

Title	DIRECTOR
Name	ECHETO, JOHAN
Address	P.O. BOX 3305
City-State-Zip:	BELLEVIEW FL 34421

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

SIGNATURE: SCOTT BINEGAR

PD

02/03/2021

Electronic Signature of Signing Officer/Director Detail_____
Date