

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000001037

**Entity Name:** THE COUNTRY CLUB OF OCALA PROPERTY OWNERS ASSOCIATION, INC.**FILED**  
**Feb 26, 2019**  
**Secretary of State**  
**8371095885CC****Current Principal Place of Business:**2437 SE 17TH STREET  
SUITE 201  
OCALA, FL 34471**Current Mailing Address:**2437 SE 17TH STREET  
SUITE 201  
OCALA, FL 34471 US**FEI Number: 59-3518001****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BOSSHARDT PROPERTY MANAGEMENT, LLC  
2437 SE 17TH STREET  
SUITE 201  
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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            JIM, MAGUIRE  
Address        2437 SE 17TH STREET  
                 SUITE 201  
City-State-Zip: Ocala FL 34471

Title            DIRECTOR  
Name            CAMPBELL, DOUG  
Address        2437 SE 17TH STREET  
                 SUITE 201  
City-State-Zip: Ocala FL 34471

Title            DIRECTOR  
Name            SHRIGLEY, PHIL  
Address        2437 SE 17TH STREET  
                 SUITE 201  
City-State-Zip: Ocala FL 34471

Title            DIRECTOR  
Name            FIELD, LARRY  
Address        2437 SE 17TH STREET  
                 SUITE 201  
City-State-Zip: Ocala FL 34471

Title            SECRETARY/TREASURER/DIRECTOR  
Name            HOPE, KAREN  
Address        2437 SE 17TH STREET  
                 SUITE 201  
City-State-Zip: Ocala FL 34471

Title            DIRECTOR  
Name            FREEDMAN, RONI  
Address        2437 SE 17TH STREET  
                 SUITE 201  
City-State-Zip: Ocala FL 34471

Title            DIRECTOR  
Name            GARSHNICK, JARAD  
Address        2437 SE 17TH STREET  
                 SUITE 201  
City-State-Zip: Ocala FL 34471

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: JIM MAGUIRE****PRESIDENT****02/26/2019**

Electronic Signature of Signing Officer/Director Detail

Date