

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001037

Entity Name: THE COUNTRY CLUB OF OCALA PROPERTY OWNERS ASSOCIATION, INC.**FILED**
Apr 06, 2016
Secretary of State
CC3269000283**Current Principal Place of Business:**2102 SW 20TH PLACE
SUITE 402
OCALA, FL 34471**Current Mailing Address:**2102 SW 20TH PLACE
SUITE 402
OCALA, FL 34471 US**FEI Number: 59-3518001****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BOSSHARDT PROPERTY MANAGEMENT, LLC
2102 SW 20TH PLACE
SUITE 402
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
Name MAGUIRE, JIM
Address 2102 SW 20TH PLACE
SUITE 402
City-State-Zip: Ocala FL 34471**Title** TREASURER
Name SEALS, TOM
Address 2102 SW 20TH PLACE
SUITE 402
City-State-Zip: Ocala FL 34471**Title** DIRECTOR
Name CAMPBELL, DOUG
Address 2102 SW 20TH PLACE
SUITE 402
City-State-Zip: Ocala FL 34471**Title** SECRETARY
Name MOURTON, CRAIG
Address 2102 SW 20TH PLACE
SUITE 402
City-State-Zip: Ocala FL 34471**Title** DIRECTOR
Name CAPLAN, BRUCE
Address 2102 SW 20TH PLACE
SUITE 402
City-State-Zip: Ocala FL 34471**Title** DIRECTOR
Name HOPE, KAREN
Address 2102 SW 20TH PLACE
SUITE 402
City-State-Zip: Ocala FL 34471**Title** DIRECTOR
Name SEALS, PATRICIA
Address 2102 SW 20TH PLACE
SUITE 402
City-State-Zip: Ocala FL 34471**Title** DIRECTOR
Name GAINOR, JOYCE
Address 2102 SW 20TH PLACE
SUITE 402
City-State-Zip: Ocala FL 34471**Continues on page 2**

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: CRAIG MOURTON**SECRETARY****04/06/2016**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	VP
Name	CARNEY, ROBERT
Address	2102 SW 20TH PLACE SUITE 402
City-State-Zip:	Ocala FL 34471