
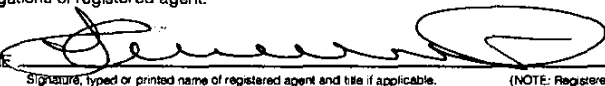



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90104 020 ****61.25

| | | | | | |
|---|------------------|---|---|--|--|
| DOCUMENT # N02355 | | | |  | |
| 1. Entity Name OAKCREEK CAVERNS LOT OWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business 4009 SW 20TH AVE. OCALA, FL 34474 US | | Mailing Address 4000 SW 20TH AVE. OCALA, FL 34474 US | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2594131 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| MILLHORN, MICHEAL D 13701 US 441 SUITE 100 LADY LAKE, FL 32159 | | | Name Callaway, Lawrence C. III Street Address (P.O. Box Number is Not Acceptable) 21 NE 1st Ave. City Ocala, FL Zip Code 34470 | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE  | | Lawrence C. Callaway | | 4/6/05 DATE | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOYTON, PAUL | | NAME | BOYNTON, PAUL | |
| STREET ADDRESS | 1830 SW 40 PL | | STREET ADDRESS | | |
| CITY-ST-ZIP | OCALA, FL 34474 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHAAP, STEVE | | NAME | | |
| STREET ADDRESS | 4299 SW 20 AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | OCALA, FL 34474 | | CITY-ST-ZIP | | |
| TITLE | STD | <input checked="" type="checkbox"/> Delete | TITLE | STD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MILLHORN, DONALD | | NAME | BOYNTON, DONNA A. | |
| STREET ADDRESS | 4025 SW 20TH AVE | | STREET ADDRESS | 1830 SW 40th PL. | |
| CITY-ST-ZIP | OCALA, FL 34474 | | CITY-ST-ZIP | OCALA, FL 34474 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | NAME | REYNOLDS, RUSS | |
| STREET ADDRESS | | | STREET ADDRESS | 1850 SW 40th PL. | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | OCALA, FL 34474 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  | | Donna A. Boynton | | 4/17/05 (352) 873-2297 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |