


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90018 040 ****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**

40062301



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

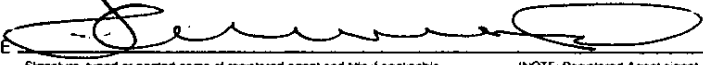
3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04022008 Chg-NP CR2E037 (12/06)

8. Name and Address of Current Registered Agent
**CALLAWAY, III, LAWRENCE C.
 21 NE 1ST AVE.
 OCALA, FL 34470**

7. Name and Address of New Registered Agent
 Name
LAWRENCE C. CALLAWAY, III
 Street Address (P.O. Box Number is Not Acceptable)
333 NW 3RD AVENUE
 City
OCALA FL Zip Code
34475

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  DATE **4/5/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BOYNTON, PAUL	
STREET ADDRESS	1830 SW 40 PL	
CITY-ST-ZIP	OCALA, FL 34474	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHAAP, STEVE	
STREET ADDRESS	4299 SW 20 AVE	
CITY-ST-ZIP	OCALA, FL 34474	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	BOYNTON, DONNA A	
STREET ADDRESS	1830 SW 40TH PL.	
CITY-ST-ZIP	OCALA, FL 34474	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REYNOLDS, RUSS	
STREET ADDRESS	1850 SW 40TH PL.	
CITY-ST-ZIP	OCALA, FL 34474	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAKSHMINARAYANAN, POORNIMA	
STREET ADDRESS	4220 SW 20TH AVE.	
CITY-ST-ZIP	OCALA, FL 34474	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASEY, JOHN	
STREET ADDRESS	2020 SW 42 ND PL.	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASSE, JOHN	
STREET ADDRESS	4405 SW 20 TH AVE	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLIVEROS, ROSEMARIE	
STREET ADDRESS	4200 SW 20 TH AVE	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAKSHMINARAYANAN, POORNIMA	
STREET ADDRESS	4220 SW 20 TH AVE	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE: **4-4-08** DAYTIME PHONE #: **352-408-4627**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #