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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 771154 (2)

1. Corporation Name
ETHAN'S GLEN HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
2202 NE 39TH AVENUE 2202 NE 39TH AVENUE
OCALA FL 34470 OCALA FL 34470
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/08/1983	3a. Date of Last Report 07/13/1994
4. FEI Number 59-2339861	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	29
25	30

9. Name and Address of Current Registered Agent
HERNDON, WILLIAM F.
2202 NE 39TH AVENUE
OCALA FL 34470

10. Name and Address of New Registered Agent	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAFF, FREDRICK W.	1.2 NAME	
STREET ADDRESS	2124 NE 39TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNDON, WILLIAM F.	2.2 NAME	
STREET ADDRESS	2202 NW 39TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODTH, JOSEPH J.	3.2 NAME	VANCE, JOHN R.
STREET ADDRESS	3931 NW 21ST LANE	3.3 STREET ADDRESS	3907 22ND STREET
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	OCALA, FL. 34470
TITLE	S	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARROWS, RITA M.	4.2 NAME	REFFNER, ALICE
STREET ADDRESS	3923 NW 21ST LANE	4.3 STREET ADDRESS	3913 22ND STREET
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	OCALA, FL. 34470
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAFF, THOMAS H.	5.2 NAME	
STREET ADDRESS	3919 22ND STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL. 34470	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHULTZ, MARY C.	6.2 NAME	
STREET ADDRESS	2201 40TH AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL. 34470	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or in an attachment with an address.

SIGNATURE *Fredrick W. Graff*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/95 904-296-9740