

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

199622896

B-10820 DIVISION OF CORPORATIONS C

DOCUMENT # 771154 (2)

1. Corporation Name

ETHAN'S GLEN HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2202 NE 39TH AVENUE  
OCALA FL 34470  
US

2202 NE 39TH AVENUE  
OCALA FL 34470  
US

3. Date Incorporated or Qualified  
11/08/1983

3a. Date of Last Report  
03/01/1995

2. Principal Place of Business

2a. Mailing Address

21 3915 NE 22 LANE

26 3915 N.E. 22 LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
59-2339861

Applied For  
Not Applicable

22 City & State

27 City & State

23 Ocala FL

28 Ocala FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip Country

29 Zip Country

34470 US

34470 US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERNDON, WILLIAM F.  
2202 NE 39TH AVENUE  
OCALA FL 34470

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

N/A

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

William F. Herndon

William F. Herndon

2/23/96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GRAFF, FREDRICK W.	
STREET ADDRESS	2124 NE 39TH AVENUE	
CITY-ST-ZIP	OCALA FL	
TITLE	<del>PD</del> PD	<input type="checkbox"/> DELETE
NAME	HERNDON, WILLIAM F.	
STREET ADDRESS	2202 NW 39TH AVENUE	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	VANCE, JOHN R.	
STREET ADDRESS	3907 22ND STREET	
CITY-ST-ZIP	OCALA FL	
TITLE	S+	<input type="checkbox"/> DELETE
NAME	REFFNER, ALICE	
STREET ADDRESS	3913 22ND ST	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GROFF, THOMAS H.	
STREET ADDRESS	3919 22ND STREET	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHULTZ, MARY C.	
STREET ADDRESS	2201 40TH AVE	
CITY-ST-ZIP	OCALA FL	

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PAUL R. HARTMAN	
1.3 STREET ADDRESS	2301 NE 40 AVE.	
1.4 CITY-ST-ZIP	OCALA FL 34470	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Peter GERARD	
2.3 STREET ADDRESS	3905 NE 22 ST	
2.4 CITY-ST-ZIP	OCALA FL 34470	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Harold Kindred	
3.3 STREET ADDRESS	2309 NE 40 AVE	
3.4 CITY-ST-ZIP	OCALA FL 34470	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William F. Herndon

2/23/96

(352) 236-1898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Mo Phone #

CR2E037 (12/95)