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Apr 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 771154 (2)
1. Corporation Name
ETHAN'S GLEN HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: 3915 NE 22 LANE, OCALA FL 34470, US
Mailing Address: 3915 NE 22 LANE, OCALA FL 34470-3158, US

3. Date Incorporated or Qualified: 11/08/1983
3a. Date of Last Report: 02/28/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2339861	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
23	28	B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip	Country	29	30
24	25	29	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)

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was authorized. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE _____ (NOTE: Signature, typed or printed name of registered agent and title if applicable.)

5.1 TITLE D
5.2 NAME John BAZEMORE
5.3 STREET ADDRESS 3923 NE 22 LANE
5.4 CITY- ST- ZIP OCALA FL 34470
6.1 TITLE D
6.2 NAME Howard Hayes
6.3 STREET ADDRESS 3905 N.E. 21st LANE
6.4 CITY- ST- ZIP OCALA, FL. 34470

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	DELETED
VD	HARTMAN, PAUL R.	2301 NE 40 AVENUE	OCALA FL	<input checked="" type="checkbox"/>
PD	HERNDON, WILLIAM F.	2202 NW 39TH AVENUE	OCALA FL	<input type="checkbox"/>
D	GERARD, PETER	3905 NE 22 STREET	OCALA FL	<input type="checkbox"/>
ST	REFFNER, ALICE	3913 22ND ST	OCALA FL	<input checked="" type="checkbox"/>
D	GROFF, THOMAS H.	3919 22ND STREET	OCALA FL	<input checked="" type="checkbox"/>
VD	KINDRED, HAROLD	2309 NE 40 AVENUE	OCALA FL	<input type="checkbox"/>

1.1 TITLE PD	1.2 NAME PRITZ, PRUDENCE	1.3 STREET ADDRESS 2211 NE 40TH AVE	1.4 CITY- ST- ZIP OCALA, FL 34470	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE D	2.2 NAME BARTON, EMERSON	2.3 STREET ADDRESS 3925 NE 22 LANE	2.4 CITY- ST- ZIP OCALA, FL 34470	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE T	3.2 NAME Edward M. SMITH	3.3 STREET ADDRESS 2301 NE 39 AVE	3.4 CITY- ST- ZIP OCALA, FL 34470	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE S	4.2 NAME Pat Anderson	4.3 STREET ADDRESS 2124 NE 39 AVE	4.4 CITY- ST- ZIP OCALA, FL. 34470	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE D	5.2 NAME John VANCE	5.3 STREET ADDRESS 3907 NE 22 ST	5.4 CITY- ST- ZIP OCALA FL 34470	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE D	6.2 NAME Dawn Wallner	6.3 STREET ADDRESS 2325 NE 40 AVE	6.4 CITY- ST- ZIP OCALA FL 34470	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do 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 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: *Prudence Pritz* 4-3-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0065594

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