


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Moynihan</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **771154** (2)

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



Principal Place of Business <b>3915 NE 22 LANE OCALA FL 34470 US</b>		Mailing Address <b>3915 NE 22 LANE OCALA FL 34470 US</b>		3. Date Incorporated or Qualified <b>11/08/1983</b>
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		4. FEI Number <b>59-2339861</b>
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
City & State <b>23</b>		City & State <b>28</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>	7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9. Name and Address of Current Registered Agent <b>HERNDON, WILLIAM F. 2202 NE 39TH AVENUE OCALA FL 34470</b>				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10. Name and Address of New Registered Agent				

81 Name <b>ROBERT REICHART</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2318 NE 40 AVE.</b>
83
84 City <b>OCALA</b>
85 State <b>FL</b>
86 Zip <b>34470</b>

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 *Robert Reichart* DATE **2-17-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>PRITZ, PRUDENCE</b>	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS <b>2211 NE 40 AVE</b>	CITY-ST-ZIP <b>OCALA FL</b>		
TITLE <b>D</b>	NAME <b>HERNDON, WILLIAM F.</b>	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS <b>2202 NW 39TH AVENUE</b>	CITY-ST-ZIP <b>OCALA FL</b>		
TITLE <b>D</b>	NAME <b>GERARD, PETER</b>	<input type="checkbox"/> DELETE	
STREET ADDRESS <b>3905 NE 22 STREET</b>	CITY-ST-ZIP <b>OCALA FL</b>		
TITLE <b>S</b>	NAME <b>ANDERSON, PAT</b>	<input type="checkbox"/> DELETE	
STREET ADDRESS <b>2124 NE 39 AVE</b>	CITY-ST-ZIP <b>OCALA FL</b>		
TITLE <b>D</b>	NAME <b>VANCE, JOHN</b>	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS <b>3907 NE 22 ST</b>	CITY-ST-ZIP <b>OCALA FL</b>		
TITLE <b>VD</b>	NAME <b>KINDRED, HAROLD</b>	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS <b>2309 NE 40 AVENUE</b>	CITY-ST-ZIP <b>OCALA FL</b>		
1. TITLE <b>PD</b>	1.1 NAME <b>JONES, MARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.2 STREET ADDRESS <b>2305 NE 40 AVE.</b>	1.3 CITY-ST-ZIP <b>OCALA, FL 34470</b>		
2. TITLE <b>D</b>	2.1 NAME <b>SILVERMAN, MAURICE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.2 STREET ADDRESS <b>2220 NE 39 AVE.</b>	2.3 CITY-ST-ZIP <b>OCALA FL 34470</b>		
3. TITLE <b>PD</b>	3.1 NAME <b>GERARD, PETER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 STREET ADDRESS <b>3905 NE 22 STREET</b>	3.3 CITY-ST-ZIP <b>OCALA, FL 34470</b>		
4. TITLE <b>R DV</b>	4.1 NAME <b>ANDERSON, PAT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 STREET ADDRESS <b>2124 NE 39 AVE.</b>	4.3 CITY-ST-ZIP <b>OCALA, FL 34470</b>		
5. TITLE <b>D</b>	5.1 NAME <b>BARTON, EMERSON</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
5.2 STREET ADDRESS <b>3925 NE 22 LANE</b>	5.3 CITY-ST-ZIP <b>OCALA, FL 34470</b>		
6. TITLE <b>S</b>	6.1 NAME <b>LOEFFLER, HELGA</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
6.2 STREET ADDRESS <b>2303 NE 39 AVE.</b>	6.3 CITY-ST-ZIP <b>OCALA, FL 34470</b>		

14. 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 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: **PAT ANDERSON V. PRES** *Pat Anderson* DATE **2/18/98** DAYTIME PHONE # **352-236-1299**

CR2E037 (10/97)