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Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90050 028 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 771154**

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 US
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\* 2 4 7 3 5 1 \*  
247351 - 90050 - 28



21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>11/08/1983</b>
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-2339861</b>
23. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable
24. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
25. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
30. Country		

9. Name and Address of Current Registered Agent

**REICHART, ROBERT**  
2318 NE 40TH AVE  
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
85. Zip Code

**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JONES, MARY	
STREET ADDRESS	2305 NE 40TH AVE	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SILVERMAN, MAURICE	
STREET ADDRESS	2220 NE 39TH AVE	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GERARD, PETER	
STREET ADDRESS	3905 NE 22 STREET	
CITY-ST-ZIP	OCALA FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	ANDERSON, PAT	
STREET ADDRESS	2124 NE 39 AVE	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BARTON, EMERSON	
STREET ADDRESS	3925 NE 22ND LN	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	LOEFFLER, HELGA	
STREET ADDRESS	2303 NE 39TH AVE	
CITY-ST-ZIP	OCALA FL 34470	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Pat Sasso	
1.3 STREET ADDRESS	2207 NE 40th Ave.	
1.4 CITY-ST-ZIP	Ocala, Fl. 34470	
2.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Edward M. Smith	
2.3 STREET ADDRESS	2301 N.E. 39th Ave.	
2.4 CITY-ST-ZIP	Ocala, Fl. 34470	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jeanette Blair	
3.3 STREET ADDRESS	3926 NE 22nd Lane	
3.4 CITY-ST-ZIP	Ocala, Fl. 34470	
4.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Pat Anderson	
4.3 STREET ADDRESS	2124 NE 39th Ave.	
4.4 CITY-ST-ZIP	Ocala, Fl. 34470	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Nancy Silano	
5.3 STREET ADDRESS	2224 NE 39th Ave.	
5.4 CITY-ST-ZIP	Ocala, Fl. 34470	
6.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Jerry Silano	
6.3 STREET ADDRESS	2224 NE 39th Ave.	
6.4 CITY-ST-ZIP	Ocala, Fl. 34470	

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, with all other like empowered.

SIGNATURE: *Edward M. Smith* **EDWARD M. SMITH** 2-24-99 352-489-9983

CR2E037 (1/98)

247951-90050-28  
771154

**ETHAN'S GLEN HOMEOWNERS' ASSOCIATION  
1999. BOARD OF DIRECTORS**

**Pat Anderson, President**  
2124 NE 39th Ave.  
Ocala, FL 34470

**Pat Sasso, Vice-President**  
2207 NE 40th Ave.  
Ocala, FL 34470

**Edward M. Smith, Treasurer**  
2301 NE 39th Ave.  
Ocala, FL 34470

**Casimir Bartlewski**  
2324 NE 40th Ave.  
Ocala, FL 34470

**Jeanette Blair**  
3926 NE 22nd Lane  
Ocala, FL 34470

**Robert Reichert**  
2318 NE 40th Ave.  
Ocala, FL 34470

**Nancy Silano**  
2224 NE 39th Ave.  
Ocala, FL 34470

**Maurice Silverman**  
2220 NE 39th Ave.  
Ocala, FL 34470

**John Bazemore**  
3923 NE 22nd Lane  
Ocala, FL 34470

**JERRY SILANO, SEC.**  
2224 N.E. 39<sup>TH</sup> AVE.  
OCALA, FL. 34470