

**2300 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90060 013 \*\*\*\*70.00

**DOCUMENT # 771154**

Entity Name

**ETHAN'S GLEN HOMEOWNERS' ASSOCIATION, INC.**

**812038**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3915 NE 22 LANE OCALA FL 34470	Mailing Address 3915 NE 22 LANE OCALA FL 34470-3158 US
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Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number <b>59-2339861</b>	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>DEHANI, ROBERT</b> 2215 NE 40TH AVE OCALA FL 34470	<b>DELETE</b>
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7. Name and Address of New Registered Agent Name: <b>Nancy Silano</b> Street Address (P.O. Box Number is Not Acceptable): <b>2224 NE 39th Ave.</b> City: <b>Ocala, FL 34470</b>
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The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

Signature, typed or printed name of registered agent and title if applicable. <i>Nancy Silano</i>	(NOTE: Registered Agent signature required when reinstating)	DATE <b>2-9-00</b>
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**FILE NOW:  
FEES IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Department of State**

OFFICERS AND DIRECTORS		
DVP SASSO, PAT 2207 NE 40TH AVE OCALA FL 34470	<input checked="" type="checkbox"/> Delete	
D SMITH, EDWARD M 2301 N.E. 39TH AVE OCALA FL-34470	<input type="checkbox"/> Delete	
D BLAIR, JEANETTE 3905 NE 22 STREET OCALA FL 34470	<input type="checkbox"/> Delete	
DP ANDERSON, PAT 2124 NE 39TH AVE. OCALA FL 34470	<input checked="" type="checkbox"/> Delete	
D Pres. SILANO, NANCY 2224 NE 39TH AVE OCALA FL 34470	<input type="checkbox"/> Delete	
S SILANO, JERRY 2224 NE 39TH AVE OCALA FL 34470	<input checked="" type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dick Cole 2307 NE 40th Ave. Ocala, Fl. 34470	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D David Condreay 2313 NE 40th Ave. Ocala, Fl. 34470	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Peter Gerard 3905 NE 22nd St. Ocala, Fl. 34470	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Susan Weeks 2303 NE 40th Ave. Ocala, Fl. 34470	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Tom Anderson 5010 NE 7th Pl. Ocala, Fl. 34470	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Edward M. Smith* **Edward M. Smith** **2-2-00 352-489-9983**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)