


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 771154**  
 1. Entity Name  
**ETHAN'S GLEN HOMEOWNERS' ASSOCIATION, INC.**



|  |  |
|--|--|
| Principal Place of Business<br>3915 NE 22 LANE<br>OCALA, FL 34470 US | Mailing Address<br>3915 NE 22 LANE<br>OCALA, FL 34470 US |
|--|--|

**DO NOT WRITE IN THIS SPACE**



04252004 No Chg-NP CR2E037 (10/03)

|  |                                |
|--|--------------------------------|
| 4. FEI Number<br>59-2339861  | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent  
 GERARD, PETER  
 3905 N.E. 22ND ST.  
 OCALA, FL 34470

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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

400000132542  
 04/27/04-80051-016 70 00

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>RUCKER, FREDERICK<br>2218 N.E. 39TH AVE<br>OCALA, FL 34470   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>GERARD, PETER<br>3905 N.E. 22ND ST.<br>OCALA, FL 34470       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | T<br>MORRISON, JUDITH A<br>3920 N.E. 21ST LANE<br>OCALA, FL 34470 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>DECKER, ART<br>2307 NE 39TH AVE.<br>OCALA, FL 34470          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>GRADY, ROBERT<br>3913 NE 22ND ST.<br>OCALA, FL 34470         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>MAZEAU, MILTON<br>2317 N.E. 39TH AVE.<br>OCALA, FL 34470     |

**DO NOT WRITE IN THIS SPACE**

12. 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 Judith A. Morrison 4/25/04 (352)351-4077  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #