


**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 3915 NE 22 LANE OCALA, FL 34470 US	Mailing Address 3915 NE 22 LANE OCALA, FL 34470 US
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**DO NOT WRITE IN THIS SPACE**



04252004 No Chg-NP CR2E037 (10/03)

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

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