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NONPROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 24 1997 8:00am

Secretary of State

Daylime Phone # 0066109

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO 1. Corporation Name

N01237

(9)

ASCOT HEATH HOMEOWNERS ASSOCIATION, INC.

ASCOI	HEATH HUMEUWNERS A	5500IATION, INC.				
Principal Place of Business		Mailing Address				851 01911 81541 81641 81611 01814 81814 1881
BERNADENE "BERNIE" GROOM 4519 NW 79TH TERRACE OCALA FL 34482		BERNADENE "BERNIE" GROOM 4518 NW 79TH TERRACE OCALA FL 34482-2091				
US		US		3. Date Incorporated or Qualified 02/03/1984	3a. Date of Last Report 02/22/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2629934	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Count	ry	8. This corporation has liability for i	
24	25 9. Name and Address of Curren		Agent 30		Florida Statutes Yes No 10. Name and Address of New Registered Agent	
81 Name					10. Haile and Addies of the rive	Jietered Agent
GROOM.	, BERNADENE "BER		ā	2 Street Addr	ress (P.O. Box Number is Not Acceptab	اهار
4519 NV	V 70TH TERRACE				ress (r.o. box (number is not Acceptab	
OCALA I	FL 34482		8	3		
			8	4 City		F1 85 Zip Code
11. Pursuant t	to the provisions of Sections 617.050	2 and 617.1508, Florida Statuti	es, the abo	ve-named corp	poration submits this statement for the pation's board of directors. I hereby acceptions	
office or re agent. I ar	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a ations of, Section 617.0503, Fic	autnorized orida Statut	by the corporat es.	tion's board of directors. I hereby accep	ot the appointment as registered
SIGNATURE _						DATE
12.	Signature, typed or printed name of registered age OFFICERS AND		13.	gent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFIC	
TITLE	D	☐ DELETE	1.1 TITU			☐ Change ☐ Addition
NAME	O'CONNOR, JERRY		1.2 NAM	E		
STREET ADDRESS	4403 NW 79TH TERRACE		1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	OCALA FL	DELETE		-ST-ZIP		Change Addition
TITLE NAME	d Kelley, Hilda	□ nereie	2.1 TITLE 2.2 NAM			TT CURINGS TT VOORBOIL
STREET ADDRESS	4407 N.W. 79TH TERR			ET ADDRESS		
CITY-ST-ZIP	OCALA FL		1	'-ST-ZIP	4	
TITLE	P	DELETE	3.1 TITL			Change Addition
NAME	O'CONNOR, JERRY		3.2 NAM	E		
STREET ADDRESS	4403 NW 79TH TERRACE		3.3 STRE	ET ADDRESS		
CITY-ST-ZIP	OCALA FL	1 05:550		-ST-ZIP	·	
TITLE	STD ODOON REDWARENE	DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME	GROOM, BERNADENE 4519 NW 79TH TERRACE		4. 2 NAN	Y		
STREET ADDRESS	OCALA FL			ET ADDRESS - ST- ZIP		
CITY-ST-ZIP TITLE	AST	☐ DELETE	5.1 TITL			☐ Change ☐ Addition
NAME	MEADOWS, BETTY	<u> </u>	52 NAM	ľ		
STREET ADDRESS	4411 NW 70TH TERRACE			ET ADDRESS		
CITY-ST-ZIP	OCALA FL		5.4 CITY	-ST-ZIP		
TITLE		☐ DELETE	6.1 TITL			Change Addition
NAME			6.2 NAM	E		
STREET ADDRESS			6.3 STRI	ET ADDRESS		
CITY-ST-ZIP	annella that the later within a	al contracts filled december 19	6.4 CITY		d in Continue 140 07(0)(1) The life Co	a I further contitue that the
informatio I am an ol	n indicated on this annual report or s	supplemental annual report is to the receiver or trustee empow	rue and ac rered to ex	curate and that	d in Section 119.07(3)(i), Florida Statute t my signature shall have the same lega rt as required by Chapter 617, Florida S	I effect as if made under oath; that