


FILE NOW: FILING FEE IS \$61.25

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**Feb 12 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # NO1237 (9)
1. Corporation Name
ASCOT HEATH HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business		Mailing Address	
BERNADENE "BERNE" GROOM 4519 NW 79TH TERRACE OCALA FL 34482 US		BERNADENE "BERNE" GROOM 4519 NW 79TH TERRACE OCALA FL 34482 US	
21	22	26	27
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
24	25	29	30
Zip		Country	

3. Date Incorporated or Qualified	02/03/1984	
4. FEI Number	59-2629934	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>MP</i>	

9. Name and Address of Current Registered Agent

**GROOM, BERNADENE "BER"
4519 NW 70TH TERRACE
OCALA FL 34482**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	CO-P
NAME	O'CONNOR, JERRY	1.2 NAME	SOHN STECHSCHULTE
STREET ADDRESS	4403 NW 79TH TERRACE	1.3 STREET ADDRESS	4513 NW 79 TERR. RD
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	OCALA, FL 34482
TITLE	D	2.1 TITLE	CO-P
NAME	KELLEY, HILDA	2.2 NAME	SUSAN STECHSCHULTE
STREET ADDRESS	4407 N.W. 79TH TERR	2.3 STREET ADDRESS	4513 NW 79 TERR. RD.
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	OCALA, FL 34482
TITLE	P	3.1 TITLE	
NAME	O'CONNOR, JERRY	3.2 NAME	
STREET ADDRESS	4403 NW 79TH TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	
TITLE	STD	4.1 TITLE	
NAME	GROOM, BERNADENE	4.2 NAME	
STREET ADDRESS	4519 NW 79TH TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	
TITLE	AST	5.1 TITLE	
NAME	MEADOWS, BETTY	5.2 NAME	
STREET ADDRESS	4411 NW 70TH TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Bernadene Groom* 02-06-98 352-351-0936

CR2E037 (10/97)