

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 24, 2005  
Secretary of State**

DOCUMENT# N01237

Entity Name: ASCOT HEATH HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

BERNADENE  
4519 NW 79TH TERRACE  
OCALA, FL 34482 US

**New Principal Place of Business:**

**Current Mailing Address:**

BERNADENE  
4519 NW 79TH TERRACE  
OCALA, FL 34482 US

**New Mailing Address:**

FEI Number: 59-2629934      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GROOM, BERNADENE  
4519 NW 70TH TERRACE  
OCALA, FL 34482 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SMITH, CHARLES P  
Address: 4401 N.W. 79 TER. RD.  
City-St-Zip: Ocala, FL 34482

Title: D ( ) Delete  
Name: MEADOWS, BETTY  
Address: 4411 N.W. 79 TER. RD.  
City-St-Zip: Ocala, FL 34482

Title: D ( ) Delete  
Name: MEMMOLI, CYNTHIA  
Address: 4517 NW 79 TERRACE ROAD  
City-St-Zip: Ocala, FL 34482

Title: STD ( ) Delete  
Name: GROOM, BERNADENE  
Address: 4519 NW 79TH TERRACE  
City-St-Zip: Ocala, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: WILSON, LINDA  
Address: 4409 NW 79TH TER. RD.  
City-St-Zip: Ocala, FL 34482

Title: D (X) Change ( ) Addition  
Name: MEADOWS, GEORGE  
Address: 4411 N.W. 79 TER. RD.  
City-St-Zip: Ocala, FL 34482

Title: D (X) Change ( ) Addition  
Name: HARDY, BARBARA  
Address: 4449 NW 79TH TERR. RD.  
City-St-Zip: Ocala, FL 34482

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERNADENE GROOM

STD

01/24/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date