## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01237

FILED Feb 21, 2007 Secretary of State

Entity Name: ASCOT HEATH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

BERNADENE BARBARA HARDY

4519 NW 79TH TERRACE RD. 4449 NW 79TH TERRACE RD. OCALA, FL 34482 US OCALA, FL 34482 US

Current Mailing Address: New Mailing Address:

BERNADENE BARBARA HARDY

4519 NW 79TH TERRACE RD. 4449 NW 79TH TERRACE RD. OCALA, FL 34482 US OCALA, FL 34482 US

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

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

GROOM, BERNADENE

4519 NW 70TH TERRACE RD.

OCALA EL 34482 LIS

OCALA, FL 34482 US OCALA, FL 34482 US

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: BARBARA HARDY 02/21/2007

Electronic Signature of Registered Agent Date

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

itle: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 HARDY, WILLIS
 Name:
 HARDY, WILLIS

 Address:
 4449 NW 79 TER. RD.
 Address:
 4449 NW 79 TER. RD.

 City-St-Zip:
 OCALA, FL 34482
 City-St-Zip:
 OCALA, FL 34482 US

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: AUDI, RONALD Name: AUDI, RONALD

 Address:
 4480 NW 79 TER. RD.
 Address:
 4480 NW 79 TER. RD.

 City-St-Zip:
 OCALA, FL 34482
 City-St-Zip:
 OCALA, FL 34482 US

 Name:
 LANGLOIS, JACK
 Name:
 LANGLOIS, JACK

 Address:
 4450 NW 79 TER. RD.
 Address:
 4450 NW 79 TER. RD.

 City-St-Zip:
 OCALA, FL 34482
 City-St-Zip:
 OCALA, FL 34482 US

 Name:
 GROOM, BERNADENE
 Name:

 Address:
 4519 NW 79TH TERRACE
 Address:

 City-St-Zip:
 OCALA, FL
 City-St-Zip:

Title: S (X) Delete Title: ( ) Change ( ) Addition

 Name:
 MEMMOLI, CYNTHIA
 Name:

 Address:
 4517 NW 79 TER. RD.
 Address:

 City-St-Zip:
 OCALA,, FL 34482
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: WILL HARDY PRES 02/21/2007