


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90038 035 ****61.25

DOCUMENT # N01237	
1. Entity Name ASCOT HEATH HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business BARBARA HARDY 4449 NW 79TH TERRACE RD. OCALA, FL 34482 US	Mailing Address BARBARA HARDY 4449 NW 79TH TERRACE RD. OCALA, FL 34482 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01042008 Chg-NP CR2E037 (12/06)

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. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARDY, BARBARA 4449 NW 70TH TERRACE RD. OCALA, FL 34482	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL Zip Code

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

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARDY, WILLIS 4449 NW 79 TER. RD. OCALA, FL 34482 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RONALD AUDI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4480 N.W. 79th TERRACE ROAD OCALA FL. 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUDI, RONALD 4480 NW 79 TER. RD. OCALA, FL 34482 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEVERETT KINDBERG <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4475 N.W. 79th TERRACE ROAD OCALA FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGLOIS, JACK 4450 NW 79 TER. RD. OCALA, FL 34482 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARY BOUCHER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4511 N.W. 79th TERRACE ROAD OCALA FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARBARA HARDY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4449 N.W. 79th TERRACE ROAD OCALA FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Barbara Hardy Jan. 5-08 352-351-0171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #