

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ANNUAL CORPORATION RENEWAL REPORT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 FEB 17 AM 9:15
TALLAHASSEE, FLORIDA

DOCUMENT # **N01237**

1. Corporation Name
ASCOT HEATH HOMEOWNERS ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #
4411 N.W. 79th Ter Rd

3. Mailing Office Address
SAME

Suite, Apt. #, etc.
—

City & State
Ocala, Florida

City & State
—

Zip
34482

Country
MARION

200194900262
02/17/11--01053--007 **61.25
CR2E081 (11/09)

4. Date Incorporated or Qualified To Do Business in Florida
2/3/84

5. FEI Number
592629934

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Betty Meadows, Treas.

Street Address (P.O. Box Number is Not Acceptable)
4411 N.W. 79th Ter Rd.

Suite, Apt. #, Etc.
—

City
Ocala

State
FL

Zip Code
34482

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent
Betty Meadows, Treas.

REGISTERED AGENT MUST SIGN

Date
2/14/2011

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRXS.	Ron Audi	4480 N.W. 79th Ter. Rd.	Ocala, Fla. 34482
U.Pres	Rick Memmoli	4517 N.W. 79th Ter. Rd.	Ocala, Fla 34482
Sec.	this position open at present time		
Treas	Betty Meadows	4411 NW 79th Ter. Rd.	Ocala, Fla. 34482

10. E-mail Address: **NO EMAIL OR COMPUTER**
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **Betty Meadows, Treas.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
2/14/2011

Daytime Phone #
358-4312

[Handwritten signature]