

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ANNUAL CORPORATION REINSTATEMENT Report



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 APR 10 PM 4:05

DOCUMENT # **NO1237**

1. Corporation Name
The Village of Ascot Heath Homeowners Assoc., Inc. of Betty Meadows

900228300219
04/10/12--01022--020 **\$1.25

CR2E081 (11/09)

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
Florida

Zip Country
34482 MARION

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number Applied For
Document # 1237

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

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

Suite, Apt. #, Etc.

City State Zip Code
Ocala FL 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** Date **4-3-2012**
REGISTERED AGENT MUST SIGN

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
Pres	RON Audi	4480 N.W. 79th Ter. Rd.	Ocala, Fla. 34482
V.P.	Will Hardy	4449 N.W. 79th Ter Rd	Ocala, Fla. 34482
Sec.	John Findlater	4513 N.W. 79th Ter. Rd	Ocala, Fla. 34482
Treas	Betty Meadows	4411 N.W. 79th Ter. Rd	Ocala Fla 34482

10. E-mail Address: _____
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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** Date **4/3/2012**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **352-732-4312**

APR 10 2012