


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90002 024 ****61.25

DOCUMENT # N01237

1. Entity Name
ASCOT HEATH HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business BERNADENE "BERNIE" GROOM 4519 NW 79TH TERRACE OCALA FL 34482 US	Mailing Address BERNADENE "BERNIE" GROOM 4519 NW 79TH TERRACE OCALA FL 34482 US
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CHECK HERE IF MAKING CHANGES

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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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

**GROOM, BERNADENE "BER"
4519 NW 70TH TERRACE
OCALA FL 34482**

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MEADOWS, BETTY	
STREET ADDRESS	4411 NW 79 TERRACE ROAD	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KELLEY, HILDA	
STREET ADDRESS	4407 N.W. 79TH TERR	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEMMOLI, CYNTHIA	
STREET ADDRESS	4517 NW 79 TERRACE ROAD	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GROOM, BERNADENE	
STREET ADDRESS	4519 NW 79TH TERRACE	
CITY-ST-ZIP	OCALA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES P. SMITH	
STREET ADDRESS	4401 NW 79 TER. RD.	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTY MEADOWS	
STREET ADDRESS	4411 NW 79 TER. RD.	
CITY-ST-ZIP	OCALA FL 34482	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Bernadene Groom* **01-07-03-352-351-0836**

CR2E037 (10/02)