


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N03000003868 1. Entity Name ANSLEY PARK HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 12825 S.E. SUZANNE DR. HOBE SOUND, FL 33455	Mailing Address 12825 S.E. SUZANNE DR. HOBE SOUND, FL 33455
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01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 54-2110603	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  MCNAMARA, JAMES R 12825 S.E. SUZANNE DR. HOBE SOUND, FL 33455	DO NOT WRITE IN THIS SPACE
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SANGEORGE, DAVID S JR. 12825 S.E. SUZANNE DR. HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MCNAMARA, JAMES R 12825 S.E. SUZANNE DR. HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ROSS, KATHERINE 12825 S.E. SUZANNE DR. HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCNAMARA, LAWRENCE W 12825 S.E. SUZANNE DR. HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/12/05-80021-022 61.25

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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: James R. McNamara 1/10/05 772-546-5144  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #