


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

VB

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TALLAHASSEE, FLORIDA

DOCUMENT # N03000003868
1. Entity Name
ANSLEY PARK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
12825 S.E. SUZANNE DR. 12825 S.E. SUZANNE DR.
HOBE SOUND, FL 33455 HOBE SOUND, FL 33455

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01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
54-2110603 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MCNAMARA, JAMES R
12825 S.E. SUZANNE DR.
HOBE SOUND, FL 33455

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SANGEORGE, DAVID S JR.
STREET ADDRESS	12825 S.E. SUZANNE DR.
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	VD
NAME	MCNAMARA, JAMES R
STREET ADDRESS	12825 S.E. SUZANNE DR.
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	STD
NAME	ROSS, KATHERINE
STREET ADDRESS	12825 S.E. SUZANNE DR.
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	D
NAME	MCNAMARA, LAWRENCE W
STREET ADDRESS	12825 S.E. SUZANNE DR.
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *James R. McNamara* 1/9/06 (772) 263-9315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
James R. McNamara