


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90037 019 \*\*\*\*61.25

**DOCUMENT # N03000003868**

1. Entity Name  
**ANSLEY PARK HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**C/O VISTA PROPERTIES  
 100 VISTA ROYALE BLVD.  
 VERO BEACH, FL 32962**

Mailing Address  
**C/O VISTA PROPERTIES  
 100 VISTA ROYALE BLVD.  
 VERO BEACH, FL 32962**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country Zip Country



02052008 Chg-NP CR2E037 (12/06)

**6. Name and Address of Current Registered Agent**

**MCKINNON, CHARLES W ESQ.  
 3055 CARDINAL DRIVE  
 SUITE 302  
 VERO BEACH, FL 32963**

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

**Filing Fee is \$61.25 Due by May 1, 2008**

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 type="checkbox"/> Delete
NAME	NELSON, JANE	
STREET ADDRESS	1200 BUCKHEAD DR	
CITY-ST-ZIP	VERO BEACH, FL 32968	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SHARLAND, DEE	
STREET ADDRESS	2960 PIEDMONT PLACE SW	
CITY-ST-ZIP	VERO BEACH, FL 32968	
TITLE	S	<input type="checkbox"/> Delete
NAME	FLAHERTY, ROB	
STREET ADDRESS	1145 ANSLEY AVE SW	
CITY-ST-ZIP	VERO BEACH, FL 32968	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SHAMBO, BRIAN	
STREET ADDRESS	2975 PEACHTREE ST SW	
CITY-ST-ZIP	VERO BEACH, FL 32968	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PFENNING, BRAD	
STREET ADDRESS	1120 BUCKHEAD DR SW	
CITY-ST-ZIP	VERO BEACH, FL 32968	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DURBIN, JUDY	
STREET ADDRESS	1205 Ansley Ave SW	
CITY-ST-ZIP	VERO BEACH, FL 32968	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Holmes, Albert	
STREET ADDRESS	1130 BUCKHEAD DR SW	
CITY-ST-ZIP	VERO BEACH, FL 32968	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEWART, GEORGE	
STREET ADDRESS	1075 BUCKHEAD DR SW	
CITY-ST-ZIP	VERO BEACH, FL 32968	
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 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:**   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_