


FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N10239 (4)  
1. Corporation Name  
ANDERSON HILL SUBDIVISION HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: 13206 CASPER LANE CLERMONT FL 34711  
Mailing Address: 13206 CASPER LANE CLERMONT FL 34711

3. Date Incorporated or Qualified: 07/16/1985  
4. FEI Number: 59-2405568  
Applied For: Not Applicable

2. Principal Place of Business: 21 12429 WARREN ROAD, Suite, Apt. #, etc. 22  
2a. Mailing Address: 26 12429 WARREN ROAD, Suite, Apt. #, etc. 27  
City & State: 23 Clermont FL, 27 Clermont FL  
Zip: 24 34711, 25 LAKE, 29 34711, 30 LAKE

5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent: KIRKPATRICK, ROBERT C, 13206 CASPER LANE, CLERMONT FL 34711

10. Name and Address of New Registered Agent: 81 Name: BUSHEY, GLENN; 82 Street Address: 12429 WARREN ROAD; 84 City: Clermont, FL; 85 Zip Code: 34711

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Glenn Bushey VP/TR, 5-14-98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PK	<input type="checkbox"/> DELETE
NAME	BUNTING, WILLIAM D	
STREET ADDRESS	13205 CASPER LANE	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	VR	<input type="checkbox"/> DELETE
NAME	RODES, TIM A	
STREET ADDRESS	12239 WARREN ROAD	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	KIRKPATRICK, ROBERT C.	
STREET ADDRESS	13206 CASPER LANE	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SCHNEIDER, SHEILA	
STREET ADDRESS	13224 CASPER LANE	
CITY-ST-ZIP	CLERMONT FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SOLES, GARY	
STREET ADDRESS	13145 PALMER DR	
CITY-ST-ZIP	CLERMONT FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PK D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WARREN, Mildred	
1.3 STREET ADDRESS	13205 Palmer Drive	
1.4 CITY-ST-ZIP	Clermont FL 34711	
2.1 TITLE	VR & TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BUSHEY, GLENN	
2.3 STREET ADDRESS	12429 WARREN ROAD	
2.4 CITY-ST-ZIP	Clermont, FL 34711	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GALFORD, Nancy	
3.3 STREET ADDRESS	12317 WARREN ROAD	
3.4 CITY-ST-ZIP	Clermont, FL 34711	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SOLES, GARY	
4.3 STREET ADDRESS	13145 Palmer Drive	
4.4 CITY-ST-ZIP	Clermont, FL 34711	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mildred A. Warren VP/Dir, 12429 WARREN ROAD, 34711, 352 294 7776

CR2E037 (1097)