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Secretary of State

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N10239

1. Corporation Name

ANDERSON HILL SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

12429 WARREN ROAD
 CLERMONT FL 34711
 US

12429 WARREN ROAD
 CLERMONT FL 34711
 US



2. Principal Place of Business

2a. Mailing Address

21 ~~12429 WARREN ROAD~~
~~1239 WARREN ROAD~~
 Suite, Apt. #, etc.

26 12239 Warren Road
 Suite, Apt. #, etc.

3. Date Incorporated or Qualified
 07/16/1985

4. FEI Number
 59-2405568

Applied For
 Not Applicable

City & State

City & State

23 ~~Clermont, FL~~
~~Clermont, FL~~

28 Clermont, FL

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

24 Zip 34711 Country USA

29 Zip 34711 Country USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUSHEY, GLENN
 12429 WARREN ROAD
 CLERMONT FL 34711

81 Name **Tim Strodes**
 82 Street Address (P.O. Box Number is Not Acceptable)
 12239 Warren Road
 83
 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 *Tim Strodes*, **Tim Strodes**

4.14.99

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WARREN, MILDRED	
STREET ADDRESS	13205 PALMER DRIVE	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	VPT	<input checked="" type="checkbox"/> DELETE
NAME	BUSHEY, GLENN	
STREET ADDRESS	12429 WARREN ROAD	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GALFORD, NANCY	
STREET ADDRESS	12317 WARREN ROAD	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SOLES, GARY	
STREET ADDRESS	13145 PALMER DRIVE	
CITY-ST-ZIP	CLERMONT FL 34711	
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		

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Tim Strodes	
1.3 STREET ADDRESS	12239 Warren Rd	
1.4 CITY-ST-ZIP	Clermont, FL 34711	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Diane Baylan	
2.3 STREET ADDRESS	12305 Warren Rd	
2.4 CITY-ST-ZIP	Clermont, FL 34711	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sue Liberrini	
3.3 STREET ADDRESS	12401 Warren Rd	
3.4 CITY-ST-ZIP	Clermont, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Sheila Schneider	
6.3 STREET ADDRESS	13224 Casper	
6.4 CITY-ST-ZIP	Clermont, FL 34711	

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, with all other like empowered.

SIGNATURE: *Tim Strodes*, **Tim Strodes** 4.14.99 407 824-4410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0072982 CR2E037-11/198