

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90186 015 ****61.25

DOCUMENT # N10239
 1. Entity Name
ANDERSON HILL SUBDIVISION HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: **12429 WARREN ROAD CLERMONT FL 34711 US**
 Mailing Address: **12239 WARREN RD CLERMONT FL 34711 US**

94069836



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: **12401 WARREN RD**
 Suite, Apt. #, etc.

City & State: **CLERMONT FL**

4. FEI Number: **59-2405568**
 Applied For: Not Applicable

Zip: **34711** Country: **USA**

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

6. Name and Address of Current Registered Agent
SRODES, TIM
12239 WARREN RD
CLERMONT FL 34711

7. Name and Address of New Registered Agent
 Name: **SAWYER, ALEC**
 Street Address (P.O. Box Number is Not Acceptable): **12401 WARREN RD**
 City: **CLERMONT FL** Zip Code: **34711**

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: *Alec Sawyer* DATE: **3-5-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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: SD NAME: SRODES, TIM STREET ADDRESS: 12289 WARREN RD CITY-ST-ZIP: CLERMONT FL 34711	<input checked="" type="checkbox"/> Delete
TITLE: VPD NAME: BOYKIN, PAUL STREET ADDRESS: 12305 WARREN RD CITY-ST-ZIP: CLERMONT, FL 34711	<input checked="" type="checkbox"/> Delete
TITLE: PD NAME: BUSHY, GLENN STREET ADDRESS: 12429 WARREN RD CITY-ST-ZIP: CLERMONT FL 34711	<input type="checkbox"/> Delete
TITLE: D NAME: SOLES, GARY STREET ADDRESS: 13145 PALMER DRIVE CITY-ST-ZIP: CLERMONT FL 34711	<input type="checkbox"/> Delete
TITLE: TD NAME: SCHNEIDER, SHEILA STREET ADDRESS: 13224 CASYER CITY-ST-ZIP: CLERMONT FL 34711	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: TD NAME: SAWYER, ALEC STREET ADDRESS: 12401 WARREN RD CITY-ST-ZIP: CLERMONT FL 34711	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD NAME: HUFFMAN, PAUL STREET ADDRESS: 13206 Palmer DR CITY-ST-ZIP: CLERMONT FL 34711	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Alec Sawyer* Date: **3-5-04** Daytime Phone #: **352-394-8232**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR