

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90013 002 ****61.25

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



Principal Place of Business Mailing Address
 12429 WARREN ROAD 13206 PALMER DR
 CLERMONT FL 34711 CLERMONT FL 34711
 US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
13145 PALMER DR.
 City & State City & State
CLERMONT, FL.
 Zip Country Zip Country
34711

4. FEI Number Applied For
59-2405568 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HUFFMAN, PAUL D
13206 PALMER DR
CLERMONT FL 34711

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 *Paul D. Huffman* DATE **4-15-07**
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, 2007

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	TD	<input type="checkbox"/> Delete
NAME	HUFFMAN, PAUL	
STREET ADDRESS	13206 PALMER DR	
CITY - ST - ZIP	CLERMONT FL 34711	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, LEON	
STREET ADDRESS	13205 PALMER DR	
CITY - ST - ZIP	CLERMONT FL 34711	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CASTO, SCOTT	
STREET ADDRESS	13222 PALMER DR	
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	VD	<input checked="" type="checkbox"/> Delete
NAME	BUNTING, BILL	
STREET ADDRESS	13205 CASPER LANE	
CITY - ST - ZIP	CLERMONT FL 34711	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARY SOLES	
STREET ADDRESS	13145 PALMER DR.	
CITY - ST - ZIP	CLERMONT FL 34711	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIM SRODES	
STREET ADDRESS	12239 WARREN RD.	
CITY - ST - ZIP	CLERMONT FL	
TITLE	PERSON@LARGE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARMEN REYNOLDS	
STREET ADDRESS	13145 PALMER DR	
CITY - ST - ZIP	CLERMONT FL 34711	
TITLE	VICE.PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASHER LEDWIDGE	
STREET ADDRESS	13212 ANDERSON HILL RD.	
CITY - ST - ZIP	CLERMONT FL. 34711	
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 Section 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: *Paul D. Huffman* DATE: **4-15-07** DAYTIME PHONE #: **352-536-9211**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR