## I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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

#### SIGNATURE: MARSHA A. MONGEON

Electronic Signature of Signing Officer/Director Detail

**Current Principal Place of Business:** 

MARSHA MONGEON 4490 NW 79TH TERRACE RD. OCALA, FL 34482

## **Current Mailing Address:**

MARSHA MONGEON 4490 NW 79TH TERRACE RD. OCALA, FL 34482 US

## FEI Number: 59-2629934

## Name and Address of Current Registered Agent:

MONGEON, MARSHA MARSHA MONGEON 4490 NW 79TH TERRACE RD. OCALA, FL 34482 US

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.

SIGNATURE	: MARSHA A. MONGEON			03/15/2015
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	Р	Title	VP	
Name	HARDY, WILL	Name	MICILCAVAGE, JODY	
Address	4449 NW 79TH TERR RD	Address	5188 NW 76TH COURT	
City-State-Zip:	OCALA FL 34482	City-State-Zip:	OCALA FL 34482	
Title	т			
Name	MONGEON, MARSHA			
Address	MARSHA MONGEON 4490 NW 79TH TERRACE RD.			
City-State-Zip:	OCALA FL 34482			

above, or on an attachment with all other like empowered. TREASURER 03/15/2015

# 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: ASCOT HEATH HOMEOWNERS ASSOCIATION, INC.

#### DOCUMENT# N01237

FILED Mar 15, 2015 Secretary of State CC8556394293

Certificate of Status Desired: No

Date