2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01237

FILED Jan 24, 2005 Secretary of State

Entity Name: ASCOT HEATH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

BERNADENE 4519 NW 79TH TERRACE OCALA, FL 34482 US

Current Mailing Address: New Mailing Address:

BERNADENE 4519 NW 79TH TERRACE OCALA, FL 34482 US

FEI Number: 59-2629934 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GROOM, BERNADENE 4519 NW 70TH TERRACE 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:

Flacture is Circulated at Devictor of Assert

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 SMITH, CHARLES P
 Name:
 WILSON, LINDA

 Address:
 4401 N.W. 79 TER. RD.
 Address:
 4409 NW 79TH TER. RD.

 City-St-Zip:
 OCALA, FL 34482
 City-St-Zip:
 OCALA, FL 34482

Title: D () Delete Title: D (X) Change () Addition

 Name:
 MEADOWS, BETTY
 Name:
 MEADOWS, GEORGE

 Address:
 4411 N.W. 79 TER. RD.
 Address:
 4411 N.W. 79 TER. RD.

 City-St-Zip:
 OCALA, FL 34482
 City-St-Zip:
 OCALA, FL 34482

Title: D () Delete Title: D (X) Change () Addition

 Name:
 MEMMOLI, CYNTHIA
 Name:
 HARDY, BARBARA

 Address:
 4517 NW 79 TERRACE ROAD
 Address:
 4449 NW 79TH TERR. RD.

 City-St-Zip:
 OCALA, FL 34482
 City-St-Zip:
 OCALA, FL 34482

Title: STD () Delete Title: () Change () Addition

 Name:
 GROOM, BERNADENE
 Name:

 Address:
 4519 NW 79TH TERRACE
 Address:

 City-St-Zip:
 OCALA, FL
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERNADENE GROOM STD 01/24/2005