

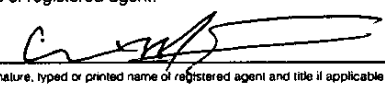
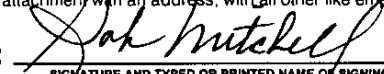


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000003868 1. Entity Name ANSLEY PARK HOMEOWNERS ASSOCIATION, INC.						FILED 05 DEC 11 12:07 TALLAHASSEE, FL 	
Principal Place of Business 12825 S.E. SUZANNE DR. HOBE SOUND, FL 33455		Mailing Address 12825 S.E. SUZANNE DR. HOBE SOUND, FL 33455					
2. Principal Place of Business c/o Vista Properties Suite, Apt. #, etc. 100 Vista Royale Blvd. City & State Vero Beach, FL Zip 32962		3. Mailing Address Same Suite, Apt. #, etc. " " " " City & State " " Zip " "		4. FEI Number 54-2110603		Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country "		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		11292006 Chg-NP CR2E037 (4/06)	
6. Name and Address of Current Registered Agent MCNAMARA, JAMES R 12825 S.E. SUZANNE DR. HOBE SOUND, FL 33455				7. Name and Address of New Registered Agent Name Charles W. McKinnon, Esq. Street Address (P.O. Box Number is Not Acceptable) 3055 Cardinal Drive, Ste. 302 City Vero Beach FL Zip Code 32963			
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  Signature, typed or printed name of registered agent and title if applicable.				400082411804 12/11/06--01005--003 **\$61.25 DATE		(NOTE: Registered Agent signature required when reinstating)	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PD NAME SANGEORGE, DAVID S JR. STREET ADDRESS 12825 S.E. SUZANNE DR. CITY-ST-ZIP HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Delete			TITLE Pres. NAME Bob Mitchell STREET ADDRESS 1135 Ansley Ave. SW CITY-ST-ZIP Vero Beach, FL 32968	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE VD NAME MCNAMARA, JAMES R STREET ADDRESS 12825 S.E. SUZANNE DR. CITY-ST-ZIP HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Delete			TITLE V. Pres. NAME Barbara Cassidy STREET ADDRESS 1015 Ansley Ave. SW CITY-ST-ZIP Vero Beach, FL 32968	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE STD NAME ROSS, KATHERINE STREET ADDRESS 12825 S.E. SUZANNE DR. CITY-ST-ZIP HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Delete			TITLE Treas. NAME Frederick Edmunds STREET ADDRESS 1190 Buckhead Dr. CITY-ST-ZIP Vero Beach, FL 32968	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE D NAME MCNAMARA, LAWRENCE W STREET ADDRESS 12825 S.E. SUZANNE DR. CITY-ST-ZIP HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Delete			TITLE Sec'y NAME Horst Kraft STREET ADDRESS 1080 Buckhead Dr. CITY-ST-ZIP Vero Beach, FL 32968	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE Director NAME Rick Clayton STREET ADDRESS 1210 Buckhead Dr. CITY-ST-ZIP Vero Beach, FL 32968	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			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 exemptions contained in Chapter 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				12/05/06 Date		794-7737 Daytime Phone #	