## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # N03000003868

1. Entity Name
ANSLEY PARK HOMEOWNERS ASSOCIATION, INC.



**FILED** Apr 16, 2008 8:00 am Secretary of State

04-16-2008 90037 019 \*\*\*\*61.25

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Principal Place of Business C/O VISTA PROPERTIES 100 VISTA ROYALE BLVD. VERO BEACH, FL 32962		Mailing Address C/O VISTA PROPERTIES 100 VISTA ROYALE BLVD. VERO BEACH, FL 32962			448811181 814 88188	ARRIA <b>AR</b> III <b>AR</b> III <b>AR</b> I		( <b>A P</b> ( <b>/B) (B</b> )	IIAZ AL ADVI	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02052008 Cr	ng-NP	CR2E037 (1	2/06)		
City & State		City & State			4. FEI Number 54-211060	3		<del>                                     </del>	plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate of Sta	atus Desired		75 Add Required		
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New R	egistered Agen	ıt		
MCKINNON CHARLES WESO			Name	Name						
MCKINNON, CHARLES W ESQ. 3055 CARDINAL DRIVE SUITE 302			Street Addres		s (P.O. Box Number is Not Acceptable)					
VERO BE	ACH, FL 32963									
VENO BEAGN, 1E 32303			City				FL	Zip Code	•	
	named entity submits this statement fo	r the purpose of changing its re	egistered office or	registere	ed agent, or both, in	the State of Flo	rida. Lam famili	iar with,	and accept	
the obligat	ions of registered agent.									
									1	
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: I	Registered Agent signatu	re required	when reinstating)		DATE		<del></del> -	
					. <u> </u>					
							. ,			
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Frust Fund Co			\$5.00 May Be Added to Fees		ake check pay da Departmei			
10.	Due by May 1, 2008 OFFICERS AND DIF	Trust Fund Co				Flori	da Departmei	nt of St	ate	
10.	OFFICERS AND DIF	Trust Fund Co	ntribution.  11.  TITLE		Added to Fees	Flori	da Departmei	nt of St	ate	
10. TITLE NAME	OFFICERS AND DIE P NELSON, JANE	Trust Fund Co	ntribution.  11.  TITLE  NAME		Added to Fees	Flori	da Departmei	ORS IN	10	
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIF P NELSON, JANE 1200 BUCKHEAD DR	Trust Fund Co	ntribution.  11.  TITLE  NAME  STREET ADDRESS		Added to Fees	Flori	da Departmei	ORS IN	10	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NELSON, JANE 1200 BUCKHEAD DR VERO BEACH, FL 32968	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ <u>A</u>	Added to Fees	Flori	da Departmei	TORS IN Change	10 Addition	
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P NELSON, JANE 1200 BUCKHEAD DR VERO BEACH, FL 32968 VP SHARLAND, DEE	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	A	Added to Fees	Flori	da Departmei	TORS IN Change	10 Addition	
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12. Thereby 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: 2