

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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AND  
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95 MAY -1 PM 12:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
300001483883  
-05/11/95--01033--003  
\*\*\*\*600.00 \*\*\*\*200.00

**CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N41235 (5)**  
1. Corporation Name  
**ANTHONY DOWNS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business      Mailing Address

**% JANET D. ANSELL  
P.O. BOX 968  
ANTHONY FL 32670**

**% JANET D. ANSELL  
P.O. BOX 968  
ANTHONY FL 32670**

2. Principal Place of Business      2a. Mailing Address

21      26

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

City & State      City & State

23      28

Zip      Country      Zip      Country

24      25      29      30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**12/03/1990**      **03/03/1994**

4. FBI Number      Applied For  
**59-3124344**      Not Applicable

5. Certificate of Status Desired            **\$0.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution            **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status            **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent

**ANSELL, JANET D.  
2929 NE 106TH ST.  
ANTHONY FL 32617**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANSELL, VERNON RUSSELL</b>	1.2 NAME	
STREET ADDRESS	<b>2929 NE 106TH ST</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ANTHONY FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANSELL, JANET D.</b>	2.2 NAME	
STREET ADDRESS	<b>2929 NE 106TH ST</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ANTHONY FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAGAMOLL, JAMES</b>	3.2 NAME	
STREET ADDRESS	<b>2870 NE 40TH ST</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>OCALA FL</b>	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Janet D. Ansell      Date: 4/20/95      Secretary's Name: 9011 351-9637

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR      Date      Secretary's Name