

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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: % JANET D. ANSELL, P.O. BOX 968, ANTHONY FL 32670
Mailing Address: % JANET D. ANSELL, P.O. BOX 968, ANTHONY FL 32670

3. Date Incorporated or Qualified: 12/03/1990
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3124344	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ANSELL, VERNON RUSSELL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2929 NE 106TH ST	1.2 NAME	
STREET ADDRESS	ANTHONY FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D ANSELL, JANET D.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2929 NE 106TH ST	2.2 NAME	
STREET ADDRESS	ANTHONY FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D MAGAMOLL, JAMES	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2870 NE 40TH ST	3.2 NAME	
STREET ADDRESS	OCALA FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* VERNON R. ANSELL Date: 2/28/96 Daytime Phone #: 904-351-8637

CR2E037 (12/95)