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Mar 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 32617-0968

3. Date Incorporated or Qualified 12/03/1990
3a. Date of Last Report 04/26/1996

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25) Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30) 4. FEI Number 59-3124344 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ANSELL, VERNON RUSSELL [] DELETE	1.1 TITLE	[] Change [] Addition
NAME	ANSELL, VERNON RUSSELL	1.2 NAME	
STREET ADDRESS	2929 NE 106TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	ANTHONY FL	1.4 CITY-ST-ZIP	
TITLE	D ANSELL, JANET D. [] DELETE	2.1 TITLE	[] Change [] Addition
NAME	ANSELL, JANET D.	2.2 NAME	
STREET ADDRESS	2929 NE 106TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	ANTHONY FL	2.4 CITY-ST-ZIP	
TITLE	D MAGAMOLL, JAMES [] DELETE	3.1 TITLE	[] Change [] Addition
NAME	MAGAMOLL, JAMES	3.2 NAME	
STREET ADDRESS	2870 NE 40TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	
TITLE	[] DELETE	4.1 TITLE	[] Change [] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	[] DELETE	5.1 TITLE	[] Change [] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	[] DELETE	6.1 TITLE	[] Change [] 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)