

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90113 036 ***150.00

DOCUMENT # N41235

1. Entity Name

ANTHONY DOWNS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P. O. BOX 4526
 Ocala FL 34478
 US

P. O. BOX 4526
 Ocala FL 34478-4526
 US

C0038265



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3124344

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

4452 NE 4TH ST.

City

OCALA

FL

Zip Code

34470

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D ANSELL, VERNON RUSSELL**
 STREET ADDRESS **2929 NE 106TH ST**
 CITY-ST-ZIP **ANTHONY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS **4452 NE 4TH ST.**
 CITY-ST-ZIP **OCALA FL 34470**

TITLE Delete
 NAME **D ANSELL, JANET D.**
 STREET ADDRESS **2929 NE 106TH ST**
 CITY-ST-ZIP **ANTHONY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS **4452 NE 4TH ST.**
 CITY-ST-ZIP **OCALA FL 34470**

TITLE Delete
 NAME **D MAGAMOLL, JAMES**
 STREET ADDRESS **2870 NE 40TH ST**
 CITY-ST-ZIP **OCALA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
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TITLE Delete
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 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I 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 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] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/00

Date

352-351-8637

Daytime Phone #

CR2E037 (9/99)