


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90009 015 ****61.25

DOCUMENT # N41235 1. Entity Name ANTHONY DOWNS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business P. O. BOX 4526 OCALA, FL 34478 US			Mailing Address P. O. BOX 4526 OCALA, FL 34478 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3124344	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCOY, KENNETH W 9050 PINES BLVD STE 386 PEMBROKE PINES, FL 33024			7. Name and Address of New Registered Agent Name ANSELL, VERNON R. Street Address (P.O. Box Number is Not Acceptable) 4745 NE 36 AVE City OCALA FL Zip Code 34479		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANSELL, VERNON RUSSELL 4452 NE 4TH ST OCALA, FL 34470	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4745 NE 36 AVE. OCALA, FL 34479
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANSELL, JANET D. 4452 NE 4TH ST OCALA, FL 34470	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4745 NE 36 AVE. OCALA, FL 34479
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<input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 2/19/07 Daytime Phone # 352-351-8637		