


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

400600-



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01192007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3124344

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ANSELL, VERNON RUSSELL	
STREET ADDRESS	4452 NE 4TH ST	
CITY-ST-ZIP	OCALA, FL 34470	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANSELL, JANET D.	
STREET ADDRESS	4452 NE 4TH ST	
CITY-ST-ZIP	OCALA, FL 34470	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4745 NE 36 AVE.	
CITY-ST-ZIP	OCALA, FL 34479	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4745 NE 36 AVE.	
CITY-ST-ZIP	OCALA, FL 34479	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Vernon R. Ansell* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

2/19/07 **Date**

352-351-8637 **Daytime Phone #**