

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41235

FILED

03 DEC -3 PM 4:09

1. Entity Name

ANTHONY-DOWNS-HOMEOWNERS-ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

P. O. BOX 4526
OCALA FL 34478
US

P. O. BOX 4526
OCALA FL 34478
US



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.
4452 NE 4TH ST.
OCALA FL 34470

Name

Kenneth W. McCoy

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

7757 NW 146th Street

City

Miami Lakes

FL

Zip Code

33016

8. The above person submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

[Handwritten Signature]

10/24/03

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 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	D ANSELL, JANET D. 4452 NE 4TH ST OCALA FL 34470	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGAMOLL, JAMES 2870 NE 40TH ST OCALA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

700025171527

12. I hereby certify that the information supplied with this filing is true and correct. I further certify that the information indicated on this report or supplemental report is true and correct. 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; that I am not a resident of Florida; that I am not a resident of the state of Florida; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without other like information.

[Handwritten Signature]

11/13/03