

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41235

1. Entity Name

ANTHONY DOWNS HOMEOWNERS ASSOCIATION, INC.

FILED

03 DEC -3 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

ANSELL, JANET D.  
4452 NE 4TH ST  
OCALA FL 34470

7. Name and Address of New Registered Agent

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

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

TITLE: D  
NAME: ANSELL, VERNON RUSSELL  
STREET ADDRESS: 4452 NE 4TH ST  
CITY-ST-ZIP: Ocala FL 34470 ☐ Delete

TITLE: D  
NAME: ANSELL, JANET D.  
STREET ADDRESS: 4452 NE 4TH ST  
CITY-ST-ZIP: Ocala FL 34470 ☐ Delete

TITLE: D  
NAME: MAGAMOLI, JAMES  
STREET ADDRESS: 2870 NE 40TH ST  
CITY-ST-ZIP: Ocala FL ☒ Delete

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS: 700025171527  
CITY-ST-ZIP: 12/02/03 - 01/04 - 027 - 4451-25  
☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
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☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

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; 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.

SIGNATURE

SIGNATURE REQUIRED

12/13/03