Applied For

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 738909

1. Corporation Name

ASHLEIGH HOUSE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business 3113 S OCEAN DR HALLANDALE FL 33009

2. Principal Place of Business

Mailing Address

3113 S OCEAN DR HALLANDALE FL 33009

2a. Mailing Address

26

Feb 24, 1999 8:00 am § Secretary of State

02-24-1999 90207 019 ****61.25

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3. Date Incorporated or Qualifed

05/10/1977

4. FEI Number

City & State City & State City & C	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	Apr	plied For	
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Section Sect	City & State City & State					5. Certificate of Status Desired			
28 29 30 Trust Fund Contribution								·	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Sections, 617-0502 and 617-1508, Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Floridal Statutes, the above-named corporation's board of directors, I hereby accept the appointment as registered agent, and institutes of the provisions of Section 19. Such change was authorized by the corporation's board of directors, I hereby accept the appointment as registered of the corporation's board of directors, I hereby accept the appointment as registered of the corporation's board of directors, I hereby accept the appointment as registered agent and the applicable. INDICAL PRESIDENT OF THE STATE				a '	7				
TUDZAROV, LOUISE E. ESO. 345 W. OAKLAND PARK BLVD FT. LAUDERDALE FL. 33311 44 CRV FL. B5 Zip Code 15. Pursuant to the provisions of Section & 617.0502 and 617.1508. Florids Statutes, the aboven-among organized agent, or both, in the State of Florida. Such change was authorized by the corporation's board of infectors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503. Florida Statutes Signarus, typed or prival rates of registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of infectors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503. Florida Statutes Signarus, typed or prival rates of registered agent and this if epicasite. OFFICERS AND DIRECTORS in 12 OFFICERS AND DIRECTORS in 12 IT THE I LIMBE SIGNATURE Signarus, typed or prival rates of registered agent and this if epicasite. OFFICERS AND DIRECTORS in 12 OFFICERS AND DIRECTORS in 12 OFFICERS AND DIRECTORS in 12 I LIMBE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 12 CATELLI, RINO SIGNATURE OFFICERS AND DIRECTORS IN 12 OFFIC				<u> </u>					
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indicated on this annual report or supplied with this limit does not detail to the exemption attend in Section 1985. 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.