

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90278 008 ****61.25



DOCUMENT # 738909

1. Entity Name

ASHLEIGH HOUSE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

3113 S OCEAN DR
 HALLANDALE BEACH FL 33009

Mailing Address

3113 S OCEAN DR
 HALLANDALE BEACH FL 33009



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE CR2E037 (10/04)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

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

GLAZER AND ASSOCIATES, P.A.
 1920 E. HALLANDALE BEACH BLVD.
 HALLANDALE FL 33009

Name

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	DT	<input type="checkbox"/> Delete
NAME	KUCK, VIRGINIA	
STREET ADDRESS	3113 S OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BORNSTEIN, RALPH	
STREET ADDRESS	3113 S. DESAN DRIVE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WISNIEWSKI, BERNICE	
STREET ADDRESS	3113 S. OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	PATRILLO, EDWARD	
STREET ADDRESS	3113 S OCEAN DR	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GOLDFARB, FAYE	
STREET ADDRESS	3113 S OCEAN DR	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	BENEDETTO, ROSEMARIE	
STREET ADDRESS	3113 S OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE FL 33009	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARLENE GARCIA	
STREET ADDRESS	SECRETARY	
CITY-ST-ZIP	3113 S. OCEAN DRIVE	
	HALLANDALE, FL 33009	
TITLE	D VP.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICE PRESIDENT	
STREET ADDRESS	LENNY NEEDLEMAN	
CITY-ST-ZIP	3113 S. OCEAN DRIVE	
	HALLANDALE, FL 33009	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Virginia Kuck - Virginia Kuck*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/05
 Date

954-454-3113
 Daytime Phone #

ATTACHMENT

H0059693

738909

title - Secretary DS
HARRIET ROSENBLUM
3113 S. OCEAN DRIVE
HALLANDALE, FLA 33009