

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90231 049 ****61.25

DOCUMENT # 738909
1. Entity Name
ASHLEIGH HOUSE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
**C/O LANDMARK MGMT. SERVICES
12323 SW 55 STREET, STE. 1002
FORT LAUDERDALE FL 33330**

Mailing Address
**C/O LANDMARK MGMT. SERVICES
12323 SW 55 STREET, STE. 1002
FORT LAUDERDALE FL 33330**

2. Principal Place of Business
3113 S. Ocean Drive

3. Mailing Address
3113 S. Ocean Dr

Suite, Apt. #, etc.

City & State
Hallandale Beach, FL

City & State
Hallandale Beach, FL

Zip
33009

Country
Broward

Zip
33009

Country
Broward

4. FEI Number **NOT APPLICABLE** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**LANDMARK MGMT/SERVICES
12323 SW 55 STREET
SUITE 1002
FORT LAUDERDALE FL 33330**

7. Name and Address of New Registered Agent
Name **Ms. Virginia Kuck**
Street Address (P.O. Box Number is Not Acceptable)
**Treasurer, Ashleigh House
3113 S. Ocean Dr.**
City **Hallandale Beach** FL Zip Code **33009**

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 *Virginia Kuck* DATE **5/7/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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 VD	<input checked="" type="checkbox"/> Delete
NAME BLOOMBERG, BETTY	
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 TD	<input checked="" type="checkbox"/> Delete
NAME HEEDELMAN, LEONARD	
STREET ADDRESS 3133 S. OCEAN DRIVE	
CITY-ST-ZIP HALLANDALE FL 33009	
TITLE B	<input checked="" type="checkbox"/> Delete
NAME GORBARD, MARLENE	
STREET ADDRESS 3113 S OCEAN DR	
CITY-ST-ZIP HALLANDALE FL 33009	
TITLE VP	<input 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 VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Bornstain, Ralph	
STREET ADDRESS 3113 S. Ocean Drive	
CITY-ST-ZIP Hallandale Beach, FL 33009	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE J	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Patrillo, Edward	
STREET ADDRESS 3113 S. Ocean Drive	
CITY-ST-ZIP Hallandale Beach, FL 33009	
TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Goldfarb, Faya	
STREET ADDRESS 3113 S. Ocean Drive	
CITY-ST-ZIP Hallandale Beach, FL 33009	
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 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: *Bernice Wisniewski* **B. Wisniewski 5/7/03 954-454-3113**

CR2E037 (10/02)