

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 26, 2005
Secretary of State**

DOCUMENT# 747633

Entity Name: ASBURY ARMS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O RAMPART PROPERTIES, INC.
10033 99TH STREET NORTH, 2ND FLOOR
ST. PETERSBURG, FL 337160804

New Principal Place of Business:

Current Mailing Address:

C/O RAMPART PROPERTIES, INC.
10033 9TH STREET NORTH, 2ND FLOOR
ST. PETERSBURG, FL 337160804 US

New Mailing Address:

FEI Number: 59-2005507 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMPART PROPERTIES, INC.
10033 99TH STREET NORTH, 2ND FLOOR
ST. PETERSBURG, FL 337160804 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NOVAK, JOHN P
Address: 10033 NINTH ST., N. 2ND FLOOR
City-St-Zip: ST PETERSBURG, FL 33716

Title: PD () Delete
Name: REYNOLDS, DELL
Address: 10033 NINTH ST. N. 2ND FLOOR
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: SD () Delete
Name: ANCONA, FRAN
Address: 10033 NINTH ST. N. 2ND FLOOR
City-St-Zip: ST. PETERSBURG, FL 33716

Title: TD () Delete
Name: GLEASON, ANN
Address: 10033 NINTH ST. N. 2ND FLOOR
City-St-Zip: ST PETERSBURG, FL 33716

Title: VPD () Delete
Name: STILL, GLORIA
Address: 10033 NINTH ST. N. 2ND FLOOR
City-St-Zip: ST. PETERSBURG, FL 33716

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DELL REYNOLDS

PD

04/26/2005

Electronic Signature of Signing Officer or Director

Date