

FILE NOW: FILING FEE IS \$61.25

FILED  
May 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 763252 (4)  
1. Corporation Name  
ASHLEY VILLAS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address  
% TOUCHSTONE WEBB MANAGEMENT COMANY, INC 5710 S. DIXIE HIGHWAY, SUITE A WEST PALM BEACH FL 33405  
% TOUCHSTONE WEBB MANAGEMENT COMANY, INC 5710 S. DIXIE HIGHWAY, SUITE A WEST PALM BEACH FL 33405-3699

3. Date Incorporated or Qualified 05/12/1982 3a. Date of Last Report 03/01/1996  
4. FEI Number 59-2254277 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
SALATA, KATHLEEN  
TOUCHSTONE WEBB MANAGEMENT COMPANY, INC  
5710 S. DIXIE HIGHWAY, SUITE A  
WEST PALM BEACH FL 33405

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.  
SIGNATURE: *Kathleen Salata* DATE: 3/26/97

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MCPHERSON, BARBARA	
STREET ADDRESS	4273 ROYAL BANYAN WAY #4	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	ARCENAU, JUDY	
STREET ADDRESS	4355 ROYAL BANYAN WAY, #20	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOTT, SHELLI	
STREET ADDRESS	4339 ROYAL BANYAN WAY, #15	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MCPHERSON, BARBARA	
1.3 STREET ADDRESS	4273 ROYAL BANYAN WAY #4	
1.4 CITY - ST - ZIP	LAKE WORTH, FL	
2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Rita Arnett	
2.3 STREET ADDRESS	4290 Royal Banyan Way#6	
2.4 CITY - ST - ZIP	Lake Worth, Fl. 33461	
3.1 TITLE	T.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: 4/20/97 0517-5001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0040188

CR2E037 (9/96)