

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001523

1. Entity Name

ASHLEY MANOR HOMEOWNERS' ASSOCIATION OF POLK COU

Principal Place of Business

Mailing Address

2800 HANSROB ROAD
ORLANDO FL 32804

2800 HANSROB ROAD
ORLANDO FL 32804

2. Principal Place of Business

3. Mailing Address

301 E PINE ST.

301 E PINE ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 150

SUITE 150

City & State

City & State

ORLANDO FL

ORLANDO FL

Zip

Country

Zip

Country

32801

USA

32801

USA

6. Name and Address of Current Registered Agent

4. FEI Number

59-3722892

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

William P. Bishop

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

301 E. PINE STREET

Suite, Apt. #, etc.

SUITE 150

City

ORLANDO

FL

Zip Code

32801

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.

SIGNATURE

William P. Bishop

4-25-01

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

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President - Director
NAME Jill Dunn
STREET ADDRESS 24 Whitehouse Road, Billingham
CITY-ST-ZIP Cleveland TS22 5EW UK

TITLE Vice-President - Director
NAME Kevin Daley
STREET ADDRESS L22 BOROUGH LANE
CITY-ST-ZIP ROMSEY, HAMPSHIRE SO51 9AA UK.

TITLE Secretary - Director
NAME Ann Davies
STREET ADDRESS 1/6 NARTON MARINA, STOKTON, SOUTHAM,
CITY-ST-ZIP WARWICKSHIRE CV23 9HX UK

TITLE Treasurer - Director
NAME MICHELLE PALMER
STREET ADDRESS 61 Penn Hill Ave., PARKSTONE, POOLE
CITY-ST-ZIP DORSET BH14 9LU UK

TITLE
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CITY-ST-ZIP

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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:

William P. Bishop

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01

Date

407-835-3637

Daytime Phone #

05-12-2001 90028 003 *****61725

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2037 (10/00)