2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90080 040 ****61.25

DOCUMENT # N00000001523

1. Entity Name

ASHLEY MANOR HOMEOWNERS' ASSOCIATION OF POLK COU NTY, INC.

Principal Place of Business	Mailing Address
301 E. PINE STREET STE. 150 ORLANDO FL 32801	301 E. PINE STREET STE. 150 ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
215 Celebration Place	40 American Community Mgmt, Inc
Suite, Apt. #, etc.: Suite 500	Suite, Apt. #, etc.: 215 Celebration Pl, Suite 500
City & State: Celebration, FL	City & State: Celebration, FL
Zip: 34747 Country: USA	Zip: 34747 Country: USA

4. FEI Number: 59-3722892 ☐ 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
BISHOP, WILLIAM P 301 E. PINE STREET STE. 150 ORLANDO FL 32801	Name: William P. Bishop Street Address (P.O. Box Number is Not Acceptable): 215 Celebration Place Suite 500 City: Celebration FL Zip Code: 34747

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 — Signature, typed or printed name of registered agent and title if applicable

William P. Bishop — (NOTE: Registered Agent signature required when reinstating)

4-23-02 — 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DUNN, JILL 24 WHITEHOUSE ROAD, BILLINGHAM CLEVELAND TS22 JEW	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DALEY, KEVIN LUZBOROUGH LMME, ROMSEY HAMDSHIRE 5051 9AA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DAVIES, ANN % NAPTON MARINA, STOCTON, SOUTHAM WARWICKSHIRE CV23 8HX	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PALMER, MICHELLE 21 PENN HILL AVENUE, PARKSTONE, POOLE DORSEY BHG14 QLU	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: SIGNATURE REQUIRED Dunn — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02 — Date

407-856-4949 — Daytime Phone #