2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000001523

1. Entity Name
ASHLEY MANOR HOMEOWNERS' ASSOCIATION OF POLK COUNTY, INC.

Principal Place of Business	Mailing Address
215 CELEBRATION PLACE SUITE 500 CELEBRATION, FL 34747	C/O AMERICAN COMMUNITY MGMT INC 215 CELEBRATION PLACE STE 500 CELEBRATION, FL 34747

DO NOT WRITE IN THIS SPACE

01082004 No Chg-NP CR2E037 (10/03)

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

BISHOP, WILLIAM P
215 CELEBRATION PLACE
STE 500
CELEBRATION, FL 34747

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DUNN, JILL
STREET ADDRESS	24 WHITEHOUSE ROAD, BILLINGHAM
CITY-ST-ZIP	CLEVELAND TS22 JEW,
TITLE	SD
NAME	DAVIES, ANN
STREET ADDRESS	% NAPTON MARINA, STOCTON, SOUTHAM
CITY-ST-ZIP	WARWICKSHIRE CV23 8HX,
TITLE	TD
NAME	PALMER, MICHELLE
STREET ADDRESS	21 PENN HILL AVENUE, PARKSTONE, POOLE
CITY-ST-ZIP	DORSEY BHG14 QLU,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/09/04-80088-025 61.25

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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 Registered Agent 2-4-04 321-559-1059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #