N00000001523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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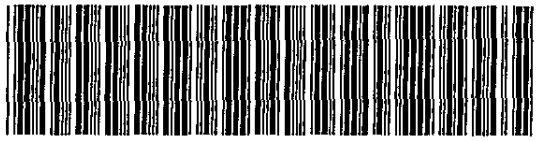

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TALLAHASSEE FLORIDA

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA *submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation : Ashley Manor Homeowners' Association of Polk County, Inc.

2. The mailing address of the corporation : 52 E. South Street, Orlando, Florida 32801

3. Date of incorporation/qualification: 03/08/2000 Document number: N00000001523

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4. The name and address of the current registered agent and office:

Bishop, William P

215 Celebration Place, Suite 5000

Celebration FL 34747

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box **Not** Acceptable)

DON ASHER & ASSOCIATES INC.

52 EAST SOUTH STREET

ORLANDO, FL 32801

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

M. A. Trevena. OCT. 12TH 2004.
(Signature of an officer, chairman or vice chairman of the board) (Date)

Michael A. Trevena President Ashley Manor H.O.A.
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

MC2 10/18/04
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

S. DEAN ASHER VICE PRESIDENT
(Typed or Printed Name) (Capacity)

*** * * FILING FEE: $35.00 * * ***

CR2E045(9/00)

DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314