2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 27, 2005 8:00 am Secretary of State

DOCUMENT # N0100005560 1. Entity Name ASHLEY PROPERTY OWNERS' ASSOCIATION, INC.								-	50 011 ****6			
6201 ASHLEY DR. 620			Aailing Address 6201 ASHLEY DR. LAKELAND, FL 33813							บบรชบ	U	
										iai dhal dhia dhi d		
2. Principal P	Place of Business	3. Mailing Address										
Suite, Apt.	#, etc.	Suite,	Apt. #, etc.				06242005	Chg-NP	CR2	2E037 (10/03)		
City & Stat	e	City 8	State				4. FEI Numbe 59-374	er 0961			pplied For ot Applicable	
Zip	Country	Zip		Cou	intry		5. Certificate	of Status Desire	ed 🗆	\$8.75 Ad Fee Require	ditional	
	6. Name and Address of Curren	t Registered	Agent				7. Name and	Address of Ne	w Register	red Agent		
HUNTER.	SAMMIE R				Name HAL HALLER							
6340 ASHLEY DR. LAKELAND, FL 33813					Street Address (P.O. Box Number is Not Acceptable)							
				_	City	AKE	LAND			FL Zip Cox	タルス	
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.											, and accept	
SIGNATURE HALLER PRESIDENTS Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstiting) DATE												
SIGNATURE .					d Agent signal	ture required	when reinstating)		9	23/02		
SIGNATURE .	Signature, typed or printed name of registered ager		ble. (NOTE	E: Registere		ture required					<u> </u>	
				E: Registere mpaign F	inancing	ture required	\$5.00 May B Added to Fees	3e	Make ci	neck payable (
D. 10.	Filling Fee is \$61.25 ue by September 7, 2005 OFFICERS AND D	nt and title it applicat	9. Election Can Trust Fund C	E: Registere mpaign F	inancing ion.		\$5.00 May B Added to Fees	!	Make ci Florida De	neck payable t	tate	
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12. I nereby certify that the information supplied with this filling 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: .	Vicky Notson	VICKY DOTSON	TREASURER	6/25	105 863-802-82
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGN	IING OFFICER OR DIRECTOR	Date	4	Daytime Phone #