


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

07-27-2005 90050 011 \*\*\*\*61.25

<b>DOCUMENT # N01000005560</b> 1. Entity Name <b>ASHLEY PROPERTY OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business 6201 ASHLEY DR. LAKE LAND, FL 33813			Mailing Address 6201 ASHLEY DR. LAKE LAND, FL 33813		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-3740961</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HUNTER, SAMMIE R</b> <b>6340 ASHLEY DR.</b> <b>LAKE LAND, FL 33813</b>				7. Name and Address of New Registered Agent Name <b>HAL HALLER</b> Street Address (P.O. Box Number is Not Acceptable) <b>6330 ASHLEY DR.</b> City <b>LAKE LAND</b> <b>FL</b> Zip Code <b>33813</b>	
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 <b>HAL HALLER, PRESIDENT</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>6/25/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUNTER, SAMMIE R 6340 ASHLEY DR. LAKE LAND, FL 33813	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D HAL HALLER 6330 ASHLEY DR. LAKE LAND, FL 33813	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POE, DEBBIE 1127 RUSTIC ESTATES DR. LAKE LAND, FL 33811	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D KATHY GARNER 6270 ASHLEY DR. LAKE LAND, FL 33813	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUPERT, JAMES 2217 SEKIRK ST. VALRICO, FL 33594	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D KAREN, CABRERA 6247 ASHLEY DR. LAKE LAND, FL 33813	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOTSON, FREDERICK 6240 ASHLEY DR. LAKE LAND, FL 33813	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <b>Vicky Dotson</b> <b>VICKY DOTSON, TREASURER</b> <b>6/25/05</b> <b>863-802-8291</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

50058090



06242005 Chg-NP CR2E037 (10/03)

Applied For  
Not Applicable

Additional Fee Required

Zip Code 33813

DATE 6/25/05

May Be Added to Fees

Make check payable to Florida Department of State

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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SIGNATURE: **Vicky Dotson** **VICKY DOTSON, TREASURER** **6/25/05** **863-802-8291**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR