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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N02010

1. Corporation Name

ASHFORD GREEN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

7001 TEMPLE TERR HWY
 TEMPLE TERRACE FL 33637
 US

Mailing Address

7001 TEMPLE TERRACE HWY
 TEMPLE TERRACE FL 33637
 US



| | | | | | |
|--------------------------------|--|---------------------|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 03/16/1984 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 59-2463152 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | | 28 | | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip | | Zip | | Trust Fund Contribution <input type="checkbox"/> | |
| 24 | | 29 | | Country | |
| 25 | | 30 | | | |

9. Name and Address of Current Registered Agent

LERNER, PATRICIA L
 606 MADISON
 SUITE 2001
 TAMPA FL 33602

10. Name and Address of New Registered Agent

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 85 | Zip Code |

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | DS <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | DP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LENZO, CANTY | 1.2 NAME | Lynn Werner |
| STREET ADDRESS | 6012 32ND ST | 1.3 STREET ADDRESS | 404 Glen Ridge Drive |
| CITY-ST-ZIP | TAMPA FL | 1.4 CITY-ST-ZIP | Temple Terrace, Florida |
| TITLE | DVP <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | DVP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KENNEDY, DAVID | 2.2 NAME | John Simonsen |
| STREET ADDRESS | 101 E KENNEDY BLVD | 2.3 STREET ADDRESS | 12216 North St |
| CITY-ST-ZIP | TAMPA FL | 2.4 CITY-ST-ZIP | Tampa, Florida |
| TITLE | DP <input type="checkbox"/> DELETE | 3.1 TITLE | DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ELLIS, PAUL J. | 3.2 NAME | |
| STREET ADDRESS | 14418 REUTEN STRASS CIRCLE #3 | 3.3 STREET ADDRESS | 14428 Reuter Strass Circle #1 |
| CITY-ST-ZIP | TAMPA FL | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: 1/27/99 DAYTIME PHONE #: 813-988-7355

CR2E037 (11/98)