

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90056 001 ****61.25

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|---|--|--|--|---|---|
| DOCUMENT # N03000000333 1. Entity Name ASHLEY POINTE HOMEOWNERS ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 4110 S FLORIDA AVE LAKELAND, FL 33813 | | | Mailing Address 4110 S FLORIDA AVE LAKELAND, FL 33813 | | |
| 2. Principal Place of Business 3020 S. FLORIDA AVE Suite, Apt. #, etc. Suite 101 City & State Lakeland FL Zip 33803 | | 3. Mailing Address 3020 S. Florida Ave Suite, Apt. #, etc. Suite 101 City & State Lakeland FL Zip 33803 | |  | |
| 4. FEI Number 04-3728299 51-0445560 | | Applied For <input type="checkbox"/> Not Applicable | | 02212005 Chg-NP CR2E037 (10/03) | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | 6. Name and Address of Current Registered Agent ADAMS, ROBERT J 4110 S FLORIDA AVE LAKELAND, FL 33813 | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3020 S. Florida Ave, Ste. 101 City Lakeland | | State FL | | Zip Code 33803 | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 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 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ADAMS, D. JOEL 4110 S FLORIDA AVE LAKELAND, FL 33813 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3020 S. Florida Avenue, Ste 101 Lakeland FL 33803 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD ADAMS, ROBERT J 4110 S FLORIDA AVE LAKELAND, FL 33813 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3020 S. Florida Avenue, Ste 101 Lakeland FL 33803 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD WALSH, BRIAN 4110 S FLORIDA AVE LAKELAND, FL 33813 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3020 S. Florida Avenue, Ste 101 Lakeland, FL 33803 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:  | | D. Joel Adams | | 3/11/05 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | | 863-619-7103 <small>Daytime Phone #</small> | |