# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 22, 2004**
**Secretary of State**

DOCUMENT# N03000007446

**Entity Name:** ASHLEY LAKES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 WEST STATE ROAD 434
SUITE 5000
LONGWOOD, FL 327795044

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST STATE ROAD 434
SUITE 5000
LONGWOOD, FL 327795044

**New Mailing Address:**

**FEI Number: 54-2124693** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BENNETT, STEPHEN
10210 HIGHLAND MANOR DR., SUITE 100A
TAMPA, FL 33610 US

**Name and Address of New Registered Agent:**

HART, JAMES W
2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

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.

SIGNATURE: JAMES W HART JR 03/22/2004
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: BENNETT, STEPHEN
Address: 10210 HIGHLAND MANOR DR., SUITE 100A
City-St-Zip: TAMPA, FL 33610

Title: D ( ) Delete
Name: LISTON, DAVID
Address: 10210 HIGHLAND MANOR DR., SUITE 100A
City-St-Zip: TAMPA, FL 33610

Title: D ( ) Delete
Name: DARVIN, HOWARD
Address: 10210 HIGHLAND MANOR DR., SUITE 100A
City-St-Zip: TAMPA, FL 33610

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: BENNETT, STEPHEN
Address: 10210 HIGHLAND MANOR DR., SUITE 100
City-St-Zip: TAMPA, FL 33610

Title: STD (X) Change ( ) Addition
Name: LISTON, DAVID
Address: 10210 HIGHLAND MANOR DR., SUITE 100
City-St-Zip: TAMPA, FL 33610

Title: VPD (X) Change ( ) Addition
Name: WHEELER, TIM
Address: 10210 HIGHLAND MANOR DR., SUITE 100A
City-St-Zip: TAMPA, FL 33610

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN BENNETT PD 03/22/2004
Electronic Signature of Signing Officer or Director Date