

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003147

FILED  
Apr 01, 2011  
Secretary of State

**Entity Name:** ASBEL CREEK ASSOCIATION, INC.

**Current Principal Place of Business:**

4131 GUNN HWY  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

4131 GUNN HWY  
TAMPA, FL 33618 US

**New Mailing Address:**

**FEI Number:** 75-3174265

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRISCIA, FRANK  
MEIROSE & FRISCIA  
5550 W. EXECUTIVE DRIVE SUITE 250  
TAMPA, FL 33609 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LIGOCKI, RONALD  
Address: 4131 GUNN HWY  
City-St-Zip: TAMPA, FL 33618

Title: VP  
Name: ALEXANDER, MELVIN  
Address: 4131 GUNN HWY  
City-St-Zip: TAMPA, FL 33618

Title: TREA  
Name: WAGNER, ALICE  
Address: 4131 GUNN HWY  
City-St-Zip: TAMPA, FL 33618

Title: S  
Name: SMITH, JILL  
Address: 4131 GUNN HWY  
City-St-Zip: TAMPA, FL 33618

Title: D  
Name: KLEIN, CHRIS  
Address: 4131 GUNN HWY  
City-St-Zip: TAMPA, FL 33618

I hereby 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 all other like empowered.

SIGNATURE: RONALD LIGOCKI

P

04/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date