

FILE NOW: FILING FEE IS \$61.25

FILED

**May 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N13915 (6)
1. Corporation Name
THE ASHLAND AT LAKERIDGE II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business % CAROLYN WALTERS 7109 LAKERIDGE COURT S.W. FT. MYERS FL 33907	Mailing Address % CAROLYN WALTERS 7109 LAKERIDGE COURT S.W. FT. MYERS FL 33907	3. Date Incorporated or Qualified 03/19/1986
		4. FEI Number 59-2814027
		Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
City & State 23	City & State	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
Zip 24	Country 25	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No
	Zip 29	
	Country 30	

9. Name and Address of Current Registered Agent WALTERS, CAROLYN 7109 LAKERIDGE COURT S.W. FT. MYERS FL 33907				10. Name and Address of New Registered Agent		
				81 Name		
				82 Street Address (P.O. Box Number is Not Acceptable)		
				83		
				84 City	FL	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEHAN, FAYE	1.2 NAME	
STREET ADDRESS	7129 LAKERIDGE VIEW CT, #202	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT.MAYERS FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOBBS, COLUMBUS	2.2 NAME	
STREET ADDRESS	7129 LAKERIDGE VIEW CT, #104	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOBBS, COLUMBUS	3.2 NAME	
STREET ADDRESS	7129 LAKERIDGE VIEW CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT.MAYERS FL	3.4 CITY-ST-ZIP	
TITLE	VO <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEENBERGEN, BOB	4.2 NAME	
STREET ADDRESS	7129 LAKERIDGE VIEW CT, #204	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	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.

SIGNATURE: Bob Steenberg **QUINLED** 4-27-98 941-481-9825

CR2E037 (10/97)