


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90074 032 \*\*\*\*61.25

**DOCUMENT # N13915**

1. Entity Name  
 THE ASHLAND AT LAKERIDGE II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business CAPITAL PROPERTIES GROUP, INC 3364 CLEVELAND AVE FORT MYERS, FL 33901	Mailing Address CAPITAL PROPERTIES GROUP, INC 3364 CLEVELAND AVE FORT MYERS, FL 33901
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50015169



01042005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2814027	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

RAGER, KENNETH D  
 CAPITAL PROPERTIES GROUOP, INC  
 3364 CLEVELAND AVE  
 FORT MYERS, FL 33901

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <del>EMERSON, GORDON C</del> GRAY, WILLIAM 7129 LAKERIDGE VIEW CT #403 503 B FORT MYERS, FL <del>33908</del> 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <del>GOSSE, CAROLINE</del> SEXTON, PHILLIP 7129 LAKERRIDGE VIEW., #501 404 B FORT MYERS, FL <del>33908</del> 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <del>BAXTER, CHARLES</del> SLOAN, PAUL 7129 LAKERIDGE VIEW CT #201 104 B FORT MYERS, FL <del>33908</del> 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE IN THIS SPACE**

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:** Paul Sloan (PAUL SLOAN) 2/9/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #