


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90186 014 ****61.25


DOCUMENT # N13915

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



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| 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 |
|--|--|

DO NOT WRITE IN THIS SPACE



01052006 No Chg-NP CR2E037 (11/05)

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

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

Filing Fee is \$61.25
Due by May 1, 2006

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 GRAY, WILLIAM 7129 LAKERIDGE VIEW COURT #503B FORT MYERS, FL 33907 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD SEXTON, PHILLIP 7129 LAKERIDGE VIEW COURT #404B FORT MYERS, FL 33907 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD SLOAN, PAUL 7129 LAKERIDGE VIEW COURT #104B FORT MYERS, FL 33907 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: William R. Gray 01/09/06 239/481-8287

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #