

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2002 8:00 am**  
**Secretary of State**

01-27-2002 90032 017 \*\*\*\*61.25

**DOCUMENT # N94000003900**

1. Entity Name

**ASHLEY PLACE HOME OWNERS ASSOCIATION INC.**

Principal Place of Business

Mailing Address

**6265 BLACKFOX WAY  
TALLAHASSEE FL 32312  
US**

**6265 BLACKFOX WAY  
TALLAHASSEE FL 32312  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3264079**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**XANDERS, BETH EL  
6265 BLACKFOX WAY  
TALLAHASSEE FL 32312**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DT**  Delete  
NAME **XANDERS, GREGORY A.**  
STREET ADDRESS **6265 BLACKFOX WAY**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DT**  Delete  
NAME **LOVINGOOD, SANFORD**  
STREET ADDRESS **4117 ALPINE WAY**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE  Change  Addition  
NAME **Debbie Winters**  
STREET ADDRESS **P.O. Box 10147**  
CITY-ST-ZIP **Tall FL 32304**

TITLE **DST**  Delete  
NAME **XANDERS, BETH EL**  
STREET ADDRESS **6265 BLACKFOX**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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CITY-ST-ZIP

TITLE  Change  Addition  
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CITY-ST-ZIP

TITLE  Delete  
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CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-02

Date

668-9978

Daytime Phone #

CFR2037 (9/01)