


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000003900 1. Entity Name ASHLEY PLACE HOME OWNERS ASSOCIATION INC.		
Principal Place of Business 6265 BLACKFOX WAY TALLAHASSEE FL 32312 US		Mailing Address 6265 BLACKFOX WAY TALLAHASSEE FL 32312 US
2. Principal Place of Business Suite, Apt #, etc. <i>Same as above</i>	3. Mailing Address Suite, Apt. # etc. <i>Same as above</i>	
City & State <i>Same as above</i>	City & State <i>Same as above</i>	
Zip <i>Same as above</i>	Zip <i>Same as above</i>	Country <i>Same as above</i>
4. FEI Number 59-3264079		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent XANDERS, BETH EL 6265 BLACKFOX WAY TALLAHASSEE FL 32312		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
Make Check Payable to Florida Department of State		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT XANDERS, GREGORY A. 6265 BLACKFOX WAY TALLAHASSEE FL 32312	<input type="checkbox"/> Change <input type="checkbox"/> Add U00000011935 01/23/04-80057-019 61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST XANDERS, BETH EL 6265 BLACKFOX TALLAHASSEE FL 32312	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT WINTERS, DEBBIE PO BOX 10147 TALLAHASSEE FL 32304	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **BETH EL XANDERS** 1/21/04 (B50) 668-9978