


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

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

<b>DOCUMENT # N94000003900</b> 1. Entity Name <b>ASHLEY PLACE HOME OWNERS ASSOCIATION INC.</b>	
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Principal Place of Business <b>6265 BLACKFOX WAY TALLAHASSEE FL 32312 US</b>	Mailing Address <b>6265 BLACKFOX WAY TALLAHASSEE FL 32312 US</b>
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MOORE CR2E037 (11/03)

2. Principal Place of Business Suite, Apt #, etc. <i>Same as above</i> City & State <i>as above</i> Zip <i>as above</i> Country	3. Mailing Address Suite, Apt. # etc. <i>Same as above</i> City & State <i>as above</i> Zip <i>as above</i> Country	4. FEI Number <b>59-3264079</b>
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Applied F.  
Not Appr.

5. Certificate of Status Desired  **\$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.  **\$5.00 May Be Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT XANDERS, GREGORY A. <input type="checkbox"/> Delete 6265 BLACKFOX WAY TALLAHASSEE FL 32312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST XANDERS, BETH EL <input type="checkbox"/> Delete 6265 BLACKFOX TALLAHASSEE FL 32312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT WINTERS, DEBBIE <input type="checkbox"/> Delete PO BOX 10147 TALLAHASSEE FL 32304
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add U00000011935 01/23/04-80057-019 61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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