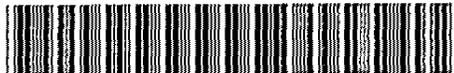
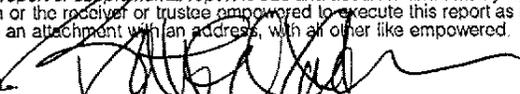


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000003900 1. Entity Name ASHLEY PLACE HOME OWNERS ASSOCIATION INC.		
Principal Place of Business Mailing Address 6265 BLACKFOX WAY 6265 BLACKFOX WAY TALLAHASSEE FL 32312 TALLAHASSEE FL 32312 US US		
2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, etc.		1st MOORE CR2E037 (10/06)
City & State City & State		4. FEI Number Applied For 59-3264079 Not Applicable
Zip Country	Zip Country	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, 2007	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 DT <input type="checkbox"/> Delete NAME XANDERS, GREGORY A. STREET ADDRESS 6265 BLACKFOX WAY CITY - ST - ZIP TALLAHASSEE FL 32312	TITLE DST <input type="checkbox"/> Delete NAME XANDERS, BETH EL STREET ADDRESS 6265 BLACKFOX CITY - ST - ZIP TALLAHASSEE FL 32312	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS U00000617073 CITY - ST - ZIP 02/07/07-80060-018 61.25
TITLE DT <input type="checkbox"/> Delete NAME WINTERS, DEBBIE STREET ADDRESS PO BOX 10147 CITY - ST - ZIP TALLAHASSEE FL 32304	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  1/27/07 (850) 668-9978