

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000005941

1. Entity Name
ASHLEY PARK THREE CONDOMINIUM ASSOCIATION,
INC.



Principal Place of Business
7635 ASHLEY PARK COURT., STE 503
ORLANDO, FL 32835

Mailing Address
1130 E. PLANT ST., STE H
WINTER GARDEN, FL 34787



03082004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3348589 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAMAN, G D
1130 E. PLANT ST., STE H
WINTER GARDEN, FL 34787

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

030000086144
03/12/04-80012-014 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LAMAN, G D 1130 E. PLANT STREET., STE H WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD LAMAN, EDWARD D 1130 E. PLANT STREET., STE H WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAMAN, JOANN E 1130 E. PLANT STREET., STE H WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone