


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2006 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	
DO NOT WRITE IN THIS SPACE		
		 04272006 No Chg-NP CR2E037 (11/05)
4. FEI Number 59-3348589		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 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000564194 05/20/06-80043-016 61.25 DO NOT WRITE IN THIS SPACE
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		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR G. DOUGLAS LAMAN		Date 4/28/06 Daytime Phone # 407-877-7722