
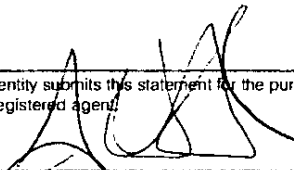
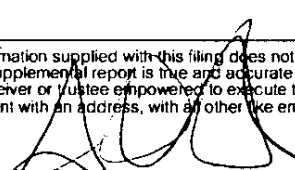


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90036 010 \*\*\*\*70.00

<b>DOCUMENT # N95000005941</b> 1. Entity Name <b>ASHLEY PARK THREE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>7635 ASHLEY PARK COURT., STE 503 ORLANDO, FL 32835</b>			Mailing Address <b>1137 E. PLANT STREET WINTER GARDEN, FL 34787</b>		
2. Principal Place of Business - No P.O. Box # <b>7652 ASHLEY PARK COURT</b>		3. Mailing Address <b>7652 ASHLEY PARK COURT</b>			
Suite, Apt. #, etc. <b>SUITE 301</b>		Suite, Apt. #, etc. <b>SUITE 301</b>			
City & State <b>ORLANDO, FL</b>		City & State <b>ORLANDO, FL</b>			
Zip <b>32835</b>	Country <b>US</b>	Zip <b>32835</b>	Country <b>US</b>	4. FEI Number <b>59-3348589</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LAMAN, G D 1137 E. PLANT STREET WINTER GARDEN, FL 34787</b>			7. Name and Address of Now Registered Agent Name <b>SKIPPER, STEPHEN L.</b> Street Address (P.O. Box Number is Not Acceptable) <b>7652 ASHLEY PARK COURT SUITE 301</b> City <b>ORLANDO</b> FL <b>32835</b>		
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.  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> <b>1/22/08</b>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PO LAMAN, G D 1137 E. PLANT STREET WINTER GARDEN, FL 34787</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PO SKIPPER, STEPHEN L. 7652 ASHLEY PARK COURT, SUITE 301 ORLANDO, FL 32835 US</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD LAMAN, EDWARD D 1137 E. PLANT STREET WINTER GARDEN, FL 34787</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD GUTIERREZ, MICHAEL M. 7652 ASHLEY PARK COURT, SUITE 306 ORLANDO, FL 32835 US</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LAMAN, JOANN E 1137 E. PLANT STREET WINTER GARDEN, FL 34787</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST KELLEY, RICHARD 7652 ASHLEY PARK COURT, SUITE 304 ORLANDO, FL 32835 US</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LEE, JULIANNA 7652 ASHLEY PARK COURT, SUITE 304 ORLANDO, FL 32835 US</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 an other like empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>1/22/08</b> <small>DATE</small>		
<small>Daytime Phone #</small>					