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FILED
Jun 10 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000006153 (8)

1. Corporation Name

ASHWOOD HOMEOWNERS ASSOCIATION OF SARASOTA, INC.



Principal Place of Business

Mailing Address

P.O. BOX 14087
NE PLAZA
SARASOTA FL 34278

P.O. BOX 14087
NE PLAZA
SARASOTA FL 34278-4087

3. Date Incorporated or Qualified
12/04/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

4. FEI Number

65-0669985

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEVIN, JEROME S ESQ
1880 FRUITVILLE ROAD
SUITE 102
SARASOTA FL 34238

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME KOONTZ, CYNTHIA M
STREET ADDRESS ~~P.O. BOX 14087~~, NORTH EAST PLAZA
CITY-ST-ZIP SARASOTA FL 34278

TITLE STD ☒ DELETE

NAME KOONTZ, BRIAN J
STREET ADDRESS ~~P.O. BOX 14087~~, NORTH EAST PLAZA
CITY-ST-ZIP SARASOTA FL 34278

TITLE VD ☒ DELETE

NAME KOONTZ, ROBERT L
STREET ADDRESS ~~P.O. BOX 14087~~, NORTH EAST PLAZA
CITY-ST-ZIP SARASOTA FL 34278

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Koontz, Cynthia M
1.3 STREET ADDRESS 4450 Greenwood Stables Road
1.4 CITY-ST-ZIP Sarasota, Florida 34235

2.1 TITLE STD ☒ Change ☐ Addition

2.2 NAME Koontz, Brian J
2.3 STREET ADDRESS 4450 Greenwood Stables Rd.
2.4 CITY-ST-ZIP Sarasota, FL 34235

3.1 TITLE PD ☒ Change ☐ Addition

3.2 NAME Koontz, Robert L
3.3 STREET ADDRESS 378 Golden Gate Pt #5
3.4 CITY-ST-ZIP Sarasota, FL 34236

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.