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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000006153

1. Corporation Name

ASHWOOD HOMEOWNERS ASSOCIATION OF SARASOTA, INC.

Principal Place of Business

P.O. BOX 14087
 NE PLAZA
 SARASOTA FL 34278

Mailing Address

P.O. BOX 14087
 NE PLAZA
 SARASOTA FL 34278



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26 P.O. Box 18024	12/04/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0669985
City & State	City & State	Applied For
23	28 SARASOTA, FL	<input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24	29 34276 30 U.S.A.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

LEVIN, JEROME S ESQ
1680 FRUITVILLE ROAD
SUITE 102
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name	ROY DEAN ESQ
82 Street Address (P.O. Box Number is Not Acceptable)	JUDD, ULRICH, + DEAN P.A.
83	2940 S. TAMiami TRAIL
84 City	SARASOTA FL
85 Zip Code	34236

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

Roy E. Dean
 Signature, typed or printed name of registered agent and title if applicable.

ROY E. DEAN
 (NOTE: Registered Agent signature required when reinstating)

4/14/99
 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOONTZ, CYNTHIA M	1.2 NAME	WILLIAM BRENNER
STREET ADDRESS	4450 GREENWOOD STABLES RD	1.3 STREET ADDRESS	5170 OLD ASHWOOD DRIVE
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	VICE-PRESIDENT/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOONTZ, BRIAN J	2.2 NAME	WILLIAM COBKENTZ III
STREET ADDRESS	4450 GREENWOOD STABLES RD	2.3 STREET ADDRESS	5147 OLD ASHWOOD DRIVE
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	SEC/TREASURER/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOONTZ, ROBERT L	3.2 NAME	ARTHUR W. ASKEW, P.A.
STREET ADDRESS	378 GOLDEN GATE PT #5	3.3 STREET ADDRESS	5194 OLD ASHWOOD DRIVE
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

Arthur W. Askew
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 APR 99 - 927-6084
 Date Daytime Phone #

CR2E037 (1/1/98)