

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90138 039 ****61.25

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1. Entity Name

ASHWOOD HOMEOWNERS ASSOCIATION OF SARASOTA, INC.



Principal Place of Business

P.O. BOX 18024
SARASOTA FL 34276-1024
US

Mailing Address

P.O. BOX 18024
SARASOTA FL 34276-1024
US

40043104



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0669985

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEAN, ROY E
2940 S TAMiami TRAIL
SARASOTA FL 34239

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ASKEW, VIRGINIA L	
STREET ADDRESS	5174 OLD ASHWOOD DR.	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LEONE, ROXANNA	
STREET ADDRESS	5198 OL ASHWOOD DR	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RAPPA, ANN	
STREET ADDRESS	2171 OLD ASHWOOD DR.	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SCHROEDER, JEANNINE	
STREET ADDRESS	5178 OLD ASHWOOD DR	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK BILLITERI	
STREET ADDRESS	5146 OLDASHWOOD DR	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMEN LUBBECKE	
STREET ADDRESS	5198 OLD ASHWOOD DR.	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATHY RIDGE	
STREET ADDRESS	5263 OLD ASHWOOD DR.	
CITY-ST-ZIP	SARASOTA, FL 34233	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERIKA ANTONIE	
STREET ADDRESS	5182 OLD ASHWOOD DR-	
CITY-ST-ZIP	SARASOTA FL. 34233	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Erika Antonie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-05

Date

926-8417

Daytime Phone #