


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90025 039 ****61.25

DOCUMENT # N96000006153						
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			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	4. FEI Number 65-0669985		
5. Certificate of Status Desired <input type="checkbox"/>				\$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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>						
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		
Make check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PD	NAME BILLITERI, FRANK		<input type="checkbox"/> Delete	TITLE PD	NAME Carmen Lubbecke	
STREET ADDRESS 5148 OLD ASHWOOD DR		CITY-ST-ZIP SARASOTA, FL 34233		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VD	NAME LUBBECKE, CARMEN		<input type="checkbox"/> Delete	TITLE VD	NAME Frank Billiteri	
STREET ADDRESS 5198 OLD ASHWOOD DR		CITY-ST-ZIP SARASOTA, FL 34233		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE SD	NAME RIDGE, KATHY		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 5263 OLD ASHWOOD DR		CITY-ST-ZIP SARASOTA, FL 34233		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE TD	NAME ANTONIE, ERIKA		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 5182 OLD ASHWOOD DR		CITY-ST-ZIP SARASOTA, FL 34233		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 		CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 		CITY-ST-ZIP 		<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 all other like empowered.						
SIGNATURE: <u>Carmen Lubbecke, PD</u> Date <u>1/17/06</u>						
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						