


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90220 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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0669985	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
Name				Name Sheryl Coulter	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City Sarasota	
State				State FL	
Zip Code				Zip Code 34233	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	VD RAPPA, ANN 5171 OLD ASHWOOD DR SARASOTA, FL 34233		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAPPA, ANN 5171 OLD ASHWOOD DR SARASOTA, FL 34233	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BREMNER, BILL 5170 OLD ASHWOOD DR SARASOTA, FL 34233		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COULTER, SHERYL 5194 OLD ASHWOOD DR SARASOTA, FL 34233	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SADLER, LORRAINE 5163 OLD ASHWOOD DR SARASOTA, FL 34233		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SADLER, LORRAINE 5163 OLD ASHWOOD DR SARASOTA, FL 34233	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COULTER, SHERYL 5194 OLD ASHWOOD DR SARASOTA, FL 34233		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BREMNER, BILL 5170 OLD ASHWOOD DR SARASOTA, FL 34233	
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	
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	

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: Bill Bremner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-08

Date

941-724-6901

Daytime Phone #

40090200



02152008 Chg-NP CR2E037 (12/06)