

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006153

FILED
Apr 07, 2009
Secretary of State

Entity Name: ASHWOOD HOMEOWNERS ASSOCIATION OF SARASOTA, INC.

Current Principal Place of Business:

5171 OLD ASHWOOD DRIVE
SARASOTA, FL 34233 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 18024
SARASOTA, FL 342761024

New Mailing Address:

P. O. BOX 18024
SARASOTA, FL 34276

FEI Number: 65-0669985

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COULTER, SHERYL
5194 OLD ASHWOOD DR
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

RIDGE, DONALD
P. O. BOX 18024
SARASOTA, FL 34276 US

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.

SIGNATURE: CARMEN LUBBECKE

04/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: RAPPA, ANN
Address: 5171 OLD ASHWOOD DR
City-St-Zip: SARASOTA, FL 34233

Title: PD () Delete
Name: COULTER, SHERYL
Address: 5194 OLD ASHWOOD DR
City-St-Zip: SARASOTA, FL 34233

Title: TD () Delete
Name: SADLER, LORRAINE
Address: 5163 OLD ASHWOOD DR
City-St-Zip: SARASOTA, FL 34233

Title: SD () Delete
Name: BREMNER, BILL
Address: 5170 OLD ASHWOOD DR
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RIDGE, DONALD
Address: P. O. BOX 18024
City-St-Zip: SARASOTA, FL 34276

Title: VP (X) Change () Addition
Name: LUBBECKE, CARMEN
Address: P. O. BOX 18024
City-St-Zip: SARASOTA, FL 34233

Title: TD (X) Change () Addition
Name: SADLER, RENEE
Address: P. O. BOX 18024
City-St-Zip: SARASOTA, FL 34276

Title: SD (X) Change () Addition
Name: RHOADES, LOUISE
Address: P. O. BOX 18024
City-St-Zip: SARASOTA, FL 34276

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARMEN LUBBECKE

VP

04/07/2009

Electronic Signature of Signing Officer or Director

Date