

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000501

FILED  
Apr 15, 2009  
Secretary of State

**Entity Name:** ASHLEY OAKS MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

4131 GUNN HIGHWAY  
TAMPA, FL 33624

**New Principal Place of Business:**

**Current Mailing Address:**

4131 GUNN HIGHWAY  
TAMPA, FL 33624

**New Mailing Address:**

**FEI Number:** 59-2799766

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STERLING, ESQ, CRISTA L  
MACFARLANE, FERGUSON, &MCMULLEN  
201 N. FRANKLIN STREET, SUITE 2000  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: THOMAS, MICHAEL  
Address: 4131 GUNN HIGHWAY  
City-St-Zip: TAMPA, FL 33618

Title: TD ( ) Delete  
Name: FELLCETTI, LOUIS  
Address: 4131 GUNN HIGHWAY  
City-St-Zip: TAMPA, FL 33618

Title: D ( ) Delete  
Name: MONTGOMERY, PATRICIA  
Address: 4131 GUNN HWY  
City-St-Zip: TAMPA, FL 33618

Title: VPD ( ) Delete  
Name: SALISBURY, TROY  
Address: 4131 GUNN HWY  
City-St-Zip: TAMPA, FL 33618

Title: SD ( ) Delete  
Name: MILLS, REBECCA  
Address: 4131 GUNN HIGHWAY  
City-St-Zip: TAMPA, FL 33618

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: TROY SALISBURY

PD

04/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date