


FILED
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Secretary of State

03-23-1999 90076 048 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000001385					
1. Corporation Name ASHLEY RESERVE OWNER'S ASSOCIATION, INC.					
Principal Place of Business 25 E. 17TH STREET ST CLOUD FL 34769			Mailing Address 25 E. 17TH STREET ST CLOUD FL 34769		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 03/10/1998	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3499183	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30			
9. Name and Address of Current Registered Agent HARDING, ROBERT L 20 NORTH ORANGE AVENUE SUITE 1000 ORLANDO FL 32801			10. Name and Address of New Registered Agent 81 Name Vicki Diaz 82 Street Address (P.O. Box Number is Not Acceptable) CID WORLD OF HOMES 83 820 Palmway St 84 City Kissimmee FL 85 Zip Code 34744		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE <i>Vicki Diaz</i> Vicki Diaz, AGENT 1-6-99 <small>Signature of or printed name of registered agent and state (if applicable). (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE SVD <input type="checkbox"/> DELETE NAME GROSS, C N JR STREET ADDRESS 25 E. 17TH STREET CITY-ST-ZIP ST CLOUD FL 34769			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE PTD <input type="checkbox"/> DELETE NAME GROSS, C N III STREET ADDRESS 25 E. 17TH STREET CITY-ST-ZIP ST CLOUD FL 34769			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE NAME REESE, GLORIA STREET ADDRESS 25 E. 17TH STREET CITY-ST-ZIP ST CLOUD FL 34769			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with my address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)