

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90172 016 ****61.25

DOCUMENT # N98000001385

1. Entity Name

ASHLEY RESERVE OWNER'S ASSOCIATION, INC.

Principal Place of Business

25 E. 17TH STREET
 ST CLOUD FL 34769

Mailing Address

C/O WORLD OF HOMES
 820 PALMWAY ST
 KISSIMMEE FL 34744-4542

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3499183

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DIAZ, VICKI
C/O WORLD OF HOMES
820 PALMWAY ST
KISSIMMEE FL 34744

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-11-00

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE: **SVD** Delete
 NAME: **GROSS, C N JR**
 STREET ADDRESS: **25 E. 17TH STREET**
 CITY-ST-ZIP: **ST CLOUD FL 34769**

TITLE: **PTD** Delete
 NAME: **GROSS, C N III**
 STREET ADDRESS: **25 E. 17TH STREET**
 CITY-ST-ZIP: **ST CLOUD FL 34769**

TITLE: **D** Delete
 NAME: **REESE, GLORIA**
 STREET ADDRESS: **25 E. 17TH STREET**
 CITY-ST-ZIP: **ST CLOUD FL 34769**

TITLE: Delete
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 STREET ADDRESS:
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 STREET ADDRESS:
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 TITLE: Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 TITLE: Change Addition

TITLE: Change Addition
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 TITLE: Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #