

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


MAR 11 2006

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90131 028 ****61.25

DOCUMENT # N98000001385

1. Entity Name
ASHLEY RESERVE OWNER'S ASSOCIATION, INC.



Principal Place of Business
**C/O WORLD OF HOMES
 820 PALM WAY ST
 KISSIMMEE, FL 34744**

Mailing Address
**C/O WORLD OF HOMES
 820 PALM WAY ST
 KISSIMMEE, FL 34744**

40033110



2. Principal Place of Business
c/o World of Homes

3. Mailing Address
c/o World of Homes

Suite, Apt. #, etc.
2884 S. Osceola Ave.

Suite, Apt. #, etc.
2884 S. Osceola Ave.

01182006 Chg-NP CR2E037 (11/05)

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number
59-3499183

Applied For
 Not Applicable

Zip
32806

Country
Orange

Zip
32806

Country
Orange

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent

**DIAZ, VICKI
 C/O WORLD OF HOMES
 2884 S. OSCEOLA AVENUE
 ORLANDO, FL 32806**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Vicki Diaz* **Vicki Diaz** **3-14-06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PFEIFFER, DENNIS 2227 EAGLES LANDING WAY KISSIMMEE, FL 34744	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GOTAY, JOSE 2220 EAGLES LANDING WAY KISSIMMEE, FL 34744	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CANNING, CONNIE 2218 EAGLES LANDING WAY KISSIMMEE, FL 34744	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Mann, Geoffrey 1503 Eagles Landing Way Kissimmee, FL 34744	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *Connie Canning* **Connie Canning** **3/10/06**

Signature and typed or printed name of signing officer or director Date Daytime Phone #