FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996 4-19-96 B- 4023 C

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004888 (3)

1. Corporation Name

ASHINGTON PARK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4005 MARONDA WAY SANFORD FL 32771	4005 MARONDA WAY SANFORD FL 32771

3. Date Incorporated or Qualified: 10/04/1994

3a. Date of Last Report: 04/04/1995

4. FEI Number: APPLIED FOR 59-3309493 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

KATANICH, SAMUEL L
4005 MARONDA WAY
SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE	PD	☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
NAME	KATANICH, SAMUEL L		1.2 NAME
STREET ADDRESS	4005 MARONDA WAY		1.3 STREET ADDRESS
CITY-ST-ZIP	SANFORD FL 32771		1.4 CITY-ST-ZIP
TITLE	VD	☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME	MOORE, JEFFREY W		2.2 NAME
STREET ADDRESS	4005 MARONDA WAY		2.3 STREET ADDRESS
CITY-ST-ZIP	SANFORD FL 32771		2.4 CITY-ST-ZIP
TITLE	STD	☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME	HOWARD, SCOTT C		3.2 NAME
STREET ADDRESS	4005 MARONDA WAY		3.3 STREET ADDRESS
CITY-ST-ZIP	SANFORD FL 32771		3.4 CITY-ST-ZIP
TITLE		☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, added or an attachment with an address.

SIGNATURE: _____ 9/16/96 407 321-0064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)