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Feb 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000003038 (5)**

1. Corporation Name

**ASHTON PARENTS BOOSTERS, INC.**

Principal Place of Business

Mailing Address

**5110 ASHTON ROAD  
SARASOTA FL 34232**

**5110 ASHTON ROAD  
SARASOTA FL 34233-3415**



2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** City & State

**28** City & State

**24** City & State

**29** City & State

9. Name and Address of Current Registered Agent

**DUNCAN, LLOYD K  
2193 RINGLING BLVD  
SARASOTA FL 34237**

3. Date Incorporated or Qualified  
**06/22/1995**

3a. Date of Last Report  
**07/11/1996**

4. FEI Number

**65-0592120**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

**\$5.00 May Be**

Trust Fund Contributions

8. This corporation has liability for the annual tax under s. 199.002, Florida Statutes ☐ Yes ☒ No

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **TABAR, CHERYL S**  
STREET ADDRESS **5349 OLD RANCH RD.**  
CITY - ST - ZIP **SARASOTA FL 34241**

TITLE **VD** ☐ DELETE  
NAME **MC FARLANE, SUZIE**  
STREET ADDRESS **4721 DUHN DR.**  
CITY - ST - ZIP **SARASOTA FL 34233**

TITLE **S** ☐ DELETE  
NAME **CONNELL, PAT**  
STREET ADDRESS **4925 WINTERHAVEN RD.**  
CITY - ST - ZIP **SARASOTA FL 34232**

TITLE **T** ☐ DELETE  
NAME **STOECKLIN, LINDA**  
STREET ADDRESS **8757 WILD DUNES DR.**  
CITY - ST - ZIP **SARASOTA FL 34241**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 an address.

SIGNATURE:

*Cheryl S. Tabar* **CHERYL S. Tabar**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1/7/97 941-922-3663**

Daytime Phone # **941-922-3663**

CR2E037 (9/96)