

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 16, 2002 8:00 am**
Secretary of State

04-16-2002 90177 038 ****61.25

DOCUMENT # N94000004888

1. Entity Name

ASHINGTON PARK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~4005 MARONDA WAY~~
~~SANFORD FL 32771~~**5025 SOUTH U.S. HWY 17-92**
CASSELBERRY FL 32707-3845
US

2. Principal Place of Business

5025 South U.S. 17-92

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Casselberry FL

City & State

4. FEI Number

59-3309493

Applied For

Not Applicable

Zip

Country

Zip

Country

32707-3815**32707-3815**5. Certificate of Status Desired ☐**\$8.75 Additional**
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPARE, WILLIAM C
C/O MID-FLORIDA PROP. MGMT
5025 SOUTH U.S. HWY. 17-92
CASSELBERRY FL 32707

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

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LOGSDON, JEFF J
4005 MARONDA WAY
SANFORD FL 32771 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
Rosen, Joel M.
4161 Stonefield Drive
Orlando, FL 32826 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
HOWARD, SCOTT C
4005 MARONDA WAY
SANFORD FL 32771 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
Bray, Christina
4307 Stonefield Drive
Orlando, FL 32826 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GREENAWALT, TOM
4005 MARONDA WAY
SANFORD FL 32771 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
Dotson, Timothy L.
14542 Greydale Circle
Orlando, FL 32826 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
Lynch, Sheila-Rae D.
4229 Iveyglen Avenue
Orlando, FL 32826 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
Silviano, James F.
14515 Lake Price Drive
Orlando, FL 32826 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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)(i), 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:

JOEL M ROSEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/1/02 508 579 8822**
Date Daytime Phone #

CR2E037 (9/01)