

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000004888

**FILED**  
**Mar 25, 2004**  
**Secretary of State****Entity Name:** ASHINGTON PARK HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**2180 W. SR 434  
SUITE 5000  
LONGWOOD, FL 32779**New Principal Place of Business:****Current Mailing Address:**2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 327795044 US**New Mailing Address:****FEI Number:** 59-3309493**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**HART, JR., JAMES W  
SENTRY MANAGEMENT INC  
2180 W. SR 434, STE 5000  
LONGWOOD, FL 32779 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PD ( ) Delete  
**Name:** ROSEN, JOEL M  
**Address:** 4161 STONEFIELD DRIVE  
**City-St-Zip:** ORLANDO, FL 32826**Title:** DV ( ) Delete  
**Name:** BRAY, CHRISTINA  
**Address:** 4307 STONEFIELD DRIVE  
**City-St-Zip:** ORLANDO, FL 32826**Title:** DV ( ) Delete  
**Name:** DOTSON, TIMOTHY L  
**Address:** 14542 GREYDALE CIRCLE  
**City-St-Zip:** ORLANDO, FL 32826**Title:** DS ( ) Delete  
**Name:** LYNCH, SHEILA-RAE D  
**Address:** 4229 IVEYGLEN AVENUE  
**City-St-Zip:** ORLANDO, FL 32826**Title:** DT ( ) Delete  
**Name:** SILVIANO, JAMES F  
**Address:** 14515 LAKE PRICE DRIVE  
**City-St-Zip:** ORLANDO, FL 32826**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change ( ) Addition  
**Name:** ROSEN, JOEL M  
**Address:** PO BOX 780922  
**City-St-Zip:** ORLANDO, FL 32878**Title:** VPD (X) Change ( ) Addition  
**Name:** DOTSON, TIM  
**Address:** 14542 GREYDALE CIR  
**City-St-Zip:** ORLANDO, FL 32826**Title:** SD (X) Change ( ) Addition  
**Name:** THOMAS, STACY  
**Address:** 4201 NEWTON HALL DR  
**City-St-Zip:** ORLANDO, FL 32826**Title:** TD (X) Change ( ) Addition  
**Name:** ALEXANDER, PHIL  
**Address:** 4126 DREYGLEN AVE  
**City-St-Zip:** ORLANDO, FL 32826**Title:** VPD (X) Change ( ) Addition  
**Name:** GREEN, MATT  
**Address:** 4064 STONEFIELD DR  
**City-St-Zip:** ORLANDO, FL 32826

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL ROSEN

PD

03/25/2004

Electronic Signature of Signing Officer or Director

Date