## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 22, 2005 8:00 am Secretary of State

|                                                                                                                                                                                           | ANNUAL                                                                                                                                                                                                                        | . KEPU                   | RT                                           |                                                                                                                                                                                                                        |                                                                                                       | 5                                             |                            | ary or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--|
| DOCUMENT # N9800001385  1. Entity Name ASHLEY RESERVE OWNER'S ASSOCIATION, INC.                                                                                                           |                                                                                                                                                                                                                               |                          |                                              |                                                                                                                                                                                                                        |                                                                                                       | 02-22-200:                                    | 5 90024 029 * <sup>;</sup> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |  |
| Principal Plac<br>C/O WORLD (<br>820 PALM W<br>KISSIMMEE,                                                                                                                                 | OF HOMES<br>IAY ST                                                                                                                                                                                                            | 820 PALM                 | D OF HOMES                                   | •                                                                                                                                                                                                                      |                                                                                                       |                                               | Halili Balik adıkı adı     | 500173                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |  |
| 2. Principal P                                                                                                                                                                            | Place of Business                                                                                                                                                                                                             | 3. Mailing A             | ddress                                       |                                                                                                                                                                                                                        |                                                                                                       |                                               |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |  |
| Suite, Apt. #, etc.                                                                                                                                                                       |                                                                                                                                                                                                                               | Suite, Apt. #, etc.      |                                              |                                                                                                                                                                                                                        |                                                                                                       | 02092005 C                                    | hg-NP                      | CR2E037 (10/0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 03)                                                                        |  |
| City & State                                                                                                                                                                              | е                                                                                                                                                                                                                             | City & State             |                                              |                                                                                                                                                                                                                        |                                                                                                       | 4. FEI Number                                 |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |  |
| Zip                                                                                                                                                                                       | Country                                                                                                                                                                                                                       | Zip                      |                                              | Country                                                                                                                                                                                                                |                                                                                                       | 5. Certificate of S                           | tatus Desired -            | - S8.75                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Additional                                                                 |  |
|                                                                                                                                                                                           | 6. Name and Address of Current                                                                                                                                                                                                | Registered Age           | ent                                          |                                                                                                                                                                                                                        |                                                                                                       | 7. Name and Add                               | ress of New R              | legistered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ·                                                                          |  |
| 6. Name and Address of Current Registered Agent  DIAZ, VICKI  C/O WORLD OF HOMES  820 PALMWAY ST  KISSIMMEE, FL 34744                                                                     |                                                                                                                                                                                                                               |                          |                                              | Name<br>Street A                                                                                                                                                                                                       | 7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable) |                                               |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |  |
|                                                                                                                                                                                           |                                                                                                                                                                                                                               |                          |                                              | City                                                                                                                                                                                                                   |                                                                                                       |                                               |                            | FL Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Code                                                                       |  |
|                                                                                                                                                                                           | named entity submits this statement for<br>ions of registered agent.                                                                                                                                                          | r the purpose of         | changing its re                              | gistered effice o                                                                                                                                                                                                      | or register<br><b>K</b>                                                                               | ed agent, or both, in                         |                            | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | with, and accept<br>                                                       |  |
| SIGNATURE .                                                                                                                                                                               | Signature, typed or printed name of registered agent                                                                                                                                                                          | and title if applicable. | VI Z<br>(NOTE: R                             | K/ L<br>Registered Agent signa                                                                                                                                                                                         | ture required                                                                                         | when reinstating)                             | 2-13                       | 3-US<br>DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            |  |
| SIGNATURE .                                                                                                                                                                               | Signature, typed or protect name of registered agent Filling Fee is \$61.25 Due by May 1, 2005                                                                                                                                | <u> </u>                 | (NOTE: R<br>Election Camp<br>Trust Fund Cor  | aign Financing                                                                                                                                                                                                         |                                                                                                       | when reinstating) \$5.00 May Be Added to Fees | M                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |  |
| SIGNATURE                                                                                                                                                                                 | Filing Fee Is \$61.25                                                                                                                                                                                                         | 9.                       | Election Camp                                | aign Financing                                                                                                                                                                                                         |                                                                                                       | \$5.00 May Be                                 | M<br>Flor                  | DATE<br>dake check payab<br>ida Department d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | of State                                                                   |  |
|                                                                                                                                                                                           | Filing Fee is \$61.25<br>Due by May 1, 2005                                                                                                                                                                                   | 9.<br>RECTORS            | Election Camp                                | aign Financing<br>ntribution.                                                                                                                                                                                          |                                                                                                       | \$5.00 May Be<br>Added to Fees                | M<br>Flor                  | DATE<br>dake check payab<br>ida Department d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | of State                                                                   |  |
| 10.<br>TITLE<br>NAME<br>STREET ADDRESS                                                                                                                                                    | Filing Fee is \$61.25 Due by May 1, 2005  OFFICERS AND DIE PD PFEIFFER, DENNIS 2227 EAGLES LANDING WAY                                                                                                                        | 9.<br>RECTORS            | Election Camp<br>Trust Fund Cor              | aign Financing ntribution.  11. TITLE NAME STREET ADDRESS                                                                                                                                                              | 5T GoT(                                                                                               | \$5.00 May Be Added to Fees DDITIONS/CHANG    | M<br>Flor<br>ES TO OFFICE  | DATE  Clake check payate ida Department of  RS AND DIRECTOR  Cha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | of State RS IN 10 Inge Addition                                            |  |
| 10.  IIILE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS                                                                                                                      | Filing Fee Is \$61.25 Due by May 1, 2005  OFFICERS AND DIF PD PFEIFFER, DENNIS 2227 EAGLES LANDING WAY KISSIMMEE, FL 34744  TD MANZO, RONALD 1974 HOWES CIRCLE                                                                | 9.<br>RECTORS            | Election Camp<br>Trust Fund Cor              | aign Financing ntribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                                                                                                                       | ST GOTE 222 Kiss                                                                                      | \$5.00 May Be Added to Fees DDITIONS/CHANG    | M Flor                     | DATE  Class check payablida Department of the Character  | of State  RS IN 10  nge Addition  nge Addition                             |  |
| 10.  IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                                                                                | Filing Fee Is \$61.25 Due by May 1, 2005  OFFICERS AND DIF  PD PFEIFFER, DENNIS 2227 EAGLES LANDING WAY KISSIMMEE, FL 34744  TD MANZO, RONALD 1974 HOWES CIRCLE KISSIMMEE, FL 34744  SD CANNING, LONA 2218 EAGLES LANDING WAY | 9. RECTORS               | Election Camp Trust Fund Cor  Delete  Delete | aign Financing ntribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS                                    | ST GOTE 222 Kiss                                                                                      | \$5.00 May Be Added to Fees DDITIONS/CHANG    | M Flor                     | DATE  Class check payablida Department of the Character  | of State  RS IN 10  Inge Addition  Inge Addition                           |  |
| 10.  IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  IIILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS | Filing Fee Is \$61.25 Due by May 1, 2005  OFFICERS AND DIF  PD PFEIFFER, DENNIS 2227 EAGLES LANDING WAY KISSIMMEE, FL 34744  TD MANZO, RONALD 1974 HOWES CIRCLE KISSIMMEE, FL 34744  SD CANNING, LONA 2218 EAGLES LANDING WAY | 9. RECTORS               | Election Camp Trust Fund Cor  Delete  Delete | aign Financing ntribution.  11.  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS | ST GOTE 222 Kiss                                                                                      | \$5.00 May Be Added to Fees DDITIONS/CHANG    | M Flor                     | DATE  Clake check payatida Department of Challer Chall | of State  RS IN 10 Inge Addition Inge Addition Inge Addition Inge 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 trustegrampowered 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 tike empowered.

STREET ADDRESS CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-2005

Dale

Daytime Phone #