

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004888

FILED  
Apr 22, 2008  
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: DOTSON, TIM  
Address: 14542 GREYDALE CIR  
City-St-Zip: ORLANDO, FL 32826

Title: VPD ( ) Delete  
Name: ALEXANDER, PHIL  
Address: 4126 IVEYGLEN AVE  
City-St-Zip: ORLANDO, FL 32826

Title: D (X) Delete  
Name: LINCOLN, ROBERT  
Address: 4453 STONEMEADOW DR  
City-St-Zip: ORLANDO, FL 32826

Title: TD ( ) Delete  
Name: MANNING, KELLE  
Address: 4793 FISKE CIR  
City-St-Zip: ORLANDO, FL 32826

Title: SD ( ) Delete  
Name: REED, CHRISTOPHER  
Address: 4787 FISKE CIR  
City-St-Zip: ORLANDO, FL 32826

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: MCNAIRE, KELLI  
Address: 14501 LYCASTLE CIR  
City-St-Zip: ORLANDO, FL 32826

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: TIM DOTSON

PD

04/22/2008

Electronic Signature of Signing Officer or Director

Date