

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 747633

**Entity Name:** ASBURY ARMS OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

801 83RD AVENUE NORTH.  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

11350 66TH STREET NORTH.  
SUITE 124  
LARGO, FL 33773 US

**FEI Number:** 59-2005507

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HOLIDAY ISLES PROPERTY MANAGEMENT, INC.  
11350 66TH STREET NORTH  
SUITE 124  
LARGO, FL 33773 US

*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

**Officer/Director Detail :**

Title DP  
Name MCCARTHY, PATRICIA A  
Address 801 83RD AVENUE NORTH, #122  
City-State-Zip: ST PETERSBURG FL 33702

Title DS  
Name WALKER, BRUCE  
Address 801 83RD AVENUE NORTH, #221  
City-State-Zip: ST PETERSBURG FL 33702

Title DV  
Name STILL, GLORIDA  
Address 801 83RD AVENUE NORTH, #130  
City-State-Zip: ST. PETERSBURG FL 33702

Title DT  
Name ROSSITER-CUTLER, MAE  
Address 801 83RD AVENUE NORTH, #125  
City-State-Zip: ST PETERSBURG FL 33702

Title D  
Name NOVAK, JOHN  
Address 801 83RD AVENUE NORTH, #323  
City-State-Zip: ST. PETERSBURG FL 33702

*I hereby 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 all other like empowered.*

**SIGNATURE:** PATRICIA A. MCCARTHY

**PRESIDENT**

**04/11/2013**

Electronic Signature of Signing Officer/Director Detail

Date