

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003900

Entity Name: ASHLEY PLACE HOME OWNERS ASSOCIATION INC.

Current Principal Place of Business:

6265 BLACKFOX WAY
TALLAHASSEE, FL 32312

Current Mailing Address:

6265 BLACKFOX WAY
TALLAHASSEE, FL 32312 US

FEI Number: 59-3264079

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

XANDERS, BETH EL
6265 BLACKFOX WAY
TALLAHASSEE, FL 32312 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 DT
Name XANDERS, GREGORY A.
Address 6265 BLACKFOX WAY
City-State-Zip: TALLAHASSEE FL 32312

Title DST
Name XANDERS, BETH EL
Address 6265 BLACKFOX WAY
City-State-Zip: TALLAHASSEE FL 32312

Title DT
Name WINTERS, DEBBIE
Address PO BOX 10147
City-State-Zip: TALLAHASSEE FL 32304

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: BETH EL XANDERS

DST

01/09/2015

Electronic Signature of Signing Officer/Director Detail

Date