

**2019 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: GREGORY A. XANDERS**

**DT**

**02/06/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date