

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000501

Entity Name: ASHLEY OAKS MASTER ASSOCIATION, INC.**Current Principal Place of Business:**4131 GUNN HIGHWAY
TAMPA, FL 33618**Current Mailing Address:**4131 GUNN HIGHWAY
TAMPA, FL 33618**FEI Number:** 59-2799766**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FRISCIA, FRANCIS E
MEIROSE & FRISCIA, P. A.
5550 W. EXECUTIVE DR. SUITE 250
TAMPA, FL 33609 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	SD
Name	HEWITT, JASON H
Address	4131 GUNN HIGHWAY
City-State-Zip:	TAMPA FL 33618

Title	TD
Name	BLAUCH, TOM
Address	4131GUNN HIGHWAY
City-State-Zip:	TAMPA FL 33618

Title	D
Name	HOLTON, KEN
Address	4131 GUNN HWY
City-State-Zip:	TAMPA FL 33618

Title	PD
Name	KOUVERAS, ROBERT
Address	4131 GUNN HWY
City-State-Zip:	TAMPA FL 33618

Title	DIRECTOR
Name	GREENHALGH, DEE
Address	4131 GUNN HWY
City-State-Zip:	TAMPA FL 33618

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: ROBERT KOUVERAS

PD

02/24/2014

Electronic Signature of Signing Officer/Director Detail_____
Date