

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 230292

FILED  
Mar 04, 2009  
Secretary of State

Entity Name: ASHNOCA APARTMENTS INC

## Current Principal Place of Business:

302 FREESIA ST  
P O BOX 197  
EVERGLADES CITY, FL 33929

## New Principal Place of Business:

302 FREESIA ST  
EVERGLADES CITY, FL 33929

## Current Mailing Address:

PO BOX 2714  
ASEVILLE, NC 28787

## New Mailing Address:

PO BOX 2714  
ASHEVILLE, NC 28802

FEI Number: 59-6057980

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COSTENBADER, BILL  
302 FREESIA STREET  
EVERGLADES CITY, FL 33929 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: COSTENBADER, BILL  
Address: 302 FREESIA ST.  
City-St-Zip: EVERGLADES CITY, FL 33929

Title: TD ( ) Delete  
Name: HENDON, WARD  
Address: 302 FREESIA ST.  
City-St-Zip: EVERGLADES CITY, FL

Title: D ( ) Delete  
Name: ROWE, CHARLES T  
Address: 302 FREESIA STREET  
City-St-Zip: EVERGLADES CITY, FL

Title: SD ( ) Delete  
Name: BITTER, M.G.  
Address: 302 FREESIA ST.  
City-St-Zip: EVERGLADES CITY, FL 33929

## 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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WARD HENDON

TD

03/04/2009

Electronic Signature of Signing Officer or Director

Date