


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90240 044 ****61.25

DOCUMENT # 713990 1. Entity Name ASHLEY HALL CONDOMINIUM CORP., INC.					
Principal Place of Business C/O LAUDERHILL TEN MANAGEMENT CORP. 4299 NW 16TH ST LAUDERHILL, FL 33313 US			Mailing Address 4301 NW 16TH STREET LAUDERHILL, FL 33313 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-1370618	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEMIRE, REINE G 4301 N.W. 16TH STREET LAUDERHILL, FL 33313			7. Name and Address of New Registered Agent Name MINKLEY, AUDREY Street Address (P.O. Box Number is Not Acceptable) 4301 NW 16TH STREET City LAUDERHILL FL Zip Code 33313		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Audrey Minkley</i></u> AUDREY MINKLEY, CAM 2/27/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	FYFE, J. e. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FYFR, J.C.		NAME		
STREET ADDRESS	4299 NW 16TH ST A. 302		STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL, FL 33313		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DESILETS, BERNARD		NAME		
STREET ADDRESS	4299 NW 16TH ST A. 203		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33313		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RHEALT, NICOLE		NAME	RHEALT, NICOLE	
STREET ADDRESS	4299 NW 16TH ST, A 307		STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL, FL 33313		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALCON, MARCELLE		NAME	BLANCHARD, MARCELLE	
STREET ADDRESS	4299 NW 16TH ST A. 102		STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL, FL 33313		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TALBOT, GEORGE		NAME		
STREET ADDRESS	4299 NW 16TH ST A.204		STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL, FL 33313		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TREPANIER, PIERRE		NAME		
STREET ADDRESS	4299 NW 16TH ST A-305		STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL, FL 33313		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Pierre Trepazier</i></u> <small>SIGNATURE AND TITLE</small>			PIERRE TREPANIER 3/8/06 <small>Date Daytime Phone #</small>		

954-733-1922