

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monrham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 1:21

DOCUMENT # 723618 (5)
1. Corporation Name
ASHLEY ARMS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
4111 NE 21ST WAY Lighthouse Point FL 33064
4111 NE 21ST WAY Lighthouse Point FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/08/1972 3a. Date of Last Report 03/16/1994
4. FEI Number 59-1408618 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country Zip 29 Country 30

9. Name and Address of Current Registered Agent
TENNYSON, RODNEY ATTORNEY
1801 AUSTRALIAN AVE., S.#101
WEST PALM BCH FL 33409
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE P
NAME LORANGER, DONALD
STREET ADDRESS 4111 NE 21ST WAY, #202-C
CITY-ST-ZIP LIGHTHOUSE POINT FL
TITLE VP
NAME STUDENSKI, LINDA
STREET ADDRESS 4111 NE 21ST WAY, #106-C
CITY-ST-ZIP LIGHTHOUSE POINT FL
TITLE D
NAME MULVEY, TED
STREET ADDRESS 4111 NE 21ST WAY, #110-C
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064
TITLE D
NAME DIKKENTMANN, JACOBA
STREET ADDRESS 4111 NE 21ST WAY
CITY-ST-ZIP LIGHTHOUSE POINT FL
TITLE D
NAME CARLIN, MARY
STREET ADDRESS 4111 NE 21ST WAY, #108-C
CITY-ST-ZIP LIGHTHOUSE POINT FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME Linda Studenski #4
1.3 STREET ADDRESS 4111 NE 21st Way #106-C
1.4 CITY-ST-ZIP Lighthouse Pt FL 33064
2.1 TITLE Change Addition
2.2 NAME U.P. Donald Bendina #93
2.3 STREET ADDRESS 4111 N.E. 21st Way #93
2.4 CITY-ST-ZIP Lighthouse Pt FL 33064
3.1 TITLE Change Addition
3.2 NAME D Ted Mulvey
3.3 STREET ADDRESS 4111 NE. 21st Way #110-C
3.4 CITY-ST-ZIP Lighthouse Pt FL 33064
4.1 TITLE Change Addition
4.2 NAME D Jakobmann Jacoba
4.3 STREET ADDRESS 4111 NE. 21st Way #107
4.4 CITY-ST-ZIP Lighthouse Pt FL 33064
5.1 TITLE Change Addition
5.2 NAME Mary Carlin
5.3 STREET ADDRESS 4111 NE. 21st Way #108
5.4 CITY-ST-ZIP Lighthouse Pt FL 33064
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: Linda Studenski 2-1-95 305-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Digitized Year