

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **723618** (5)  
Corporation Name  
**ASHLEY ARMS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>4111 NE 21ST WAY LIGHTHOUSE POINT FL 33064</b>		Mailing Address <b>4111 NE 21ST WAY LIGHTHOUSE POINT FL 33064</b>		3. Date Incorporated or Qualified <b>06/08/1972</b>	
		4. FEI Number <b>59-1408618</b>		Applied For Not Applicable	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23 Zip Country		28 Zip Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		25		29	
26		27		30	
9. Name and Address of Current Registered Agent <b>TENNYSON, RODNEY ATTORNEY 1801 AUSTRALIAN AVE., S.#101 WEST PALM BCH FL 33409</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City <b>FL</b> 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	P D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STUDENSKI, LINDA			1.2 NAME	Studenski, Linda		
STREET ADDRESS	9111 NE 21 WAY 106C			1.3 STREET ADDRESS	4111 N.E. 21 Way #106C		
CITY-ST-ZIP	LIGHTHOUSE POINT FL			1.4 CITY-ST-ZIP	Lighthouse Point, FL. 33064		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LORAMGER, DON			2.2 NAME	Bryan, Donald		
STREET ADDRESS	4111 NE 21ST WAY #202-C			2.3 STREET ADDRESS	2300 W. Sample Rd. #315		
CITY-ST-ZIP	LIGHTHOUSE POINT FL			2.4 CITY-ST-ZIP	Pompano Beach, FL. 33073		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAUMAD, CONSTANCE			3.2 NAME	Zubulidis, George		
STREET ADDRESS	2120 NE 42ND ST 5A			3.3 STREET ADDRESS	4111 N.E. 21 Way #208C		
CITY-ST-ZIP	LIGHTHOUSE POINT FL			3.4 CITY-ST-ZIP	Lighthouse Point, FL. 33064		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: *Linda Studenski Pres.* 2-14 984-946-9331

CR2E037 (10/97)