

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723618

1. Entity Name

ASHLEY ARMS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

4111 NE 21ST WAY
LIGHTHOUSE POINT FL 33064

Mailing Address

4111 NE 21ST WAY
LIGHTHOUSE POINT FL 33064-9021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1408618

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TENNYSON, RODNEY ATTORNEY
1801 AUSTRALIAN AVE., S.#101
WEST PALM BCH FL 33409

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME STUDENSKI, LINDA
STREET ADDRESS 4111 NE 21ST WAY #106C
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 ☐ Delete

TITLE D
NAME PRYDE, BRUCE
STREET ADDRESS 2110 NE 42 ST.
CITY-ST-ZIP LIGHTHOUSE PT F; 33064 ☒ Delete

TITLE D
NAME ZUBULIDIS, GEORGE
STREET ADDRESS 4111 NE 21ST WAY #208C
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE VD
NAME HARRISON, ROBERT
STREET ADDRESS 2110 NE 42 STREET, #3B
CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064 ☐ Change ☒ Addition

TITLE D
NAME HARRISON, BRIAN
STREET ADDRESS 2110 NE 42 STREET, #6B
CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064 ☐ Change ☒ Addition

TITLE
NAME PEREDNIA, DAN
STREET ADDRESS 2110 NE 42 STREET, #9B
CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064 ☐ Change ☒ Addition

TITLE D
NAME DOONE, CHRISTINA M.
STREET ADDRESS 4111 NE 21 WAY, #204C
CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90076 009 ****61.25



DO NOT WRITE IN THIS SPACE

CR25037 / 9/00