

# 2002 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

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

OK

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]* N/A

(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 NAME STREET ADDRESS CITY-ST-ZIP	PD STUDENSKI, LINDA 4111 NE 21ST WAY #106C LIGHTHOUSE POINT FL 33064	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, ANNE MARIE 4111 NE 21ST WAY, # 207 LIGHTHOUSE POINT FL 33064	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOONE, CHRISTINA M 4111 NE 21 WAY #204C LIGHTHOUSE POINT FL 33064	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Robert Harrison 2110 NE 42nd Street #3B Lighthouse Point Fl 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D George Zubulidis 4111 NE 21 Way # 208C Lighthouse Point Fl 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dennis Martinelli 2110 NE 42nd Street #4B Lighthouse Point Fl 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: *[Signature]* CHRISTINA M DOONE

954-785-4554

CR2E037 (9/01)

FILED  
Feb 18, 2002 8:00 am  
Secretary of State

02-18-2002 90140 012 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE