

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

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

1st MOORE

CR2E037 (10/05)

4. FCI 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

EMERY, MICHAEL R
ONE FINANCIAL PLAZA
SUITE 2020
FORT LAUDERDALE FL 33394

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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

TITLE VPD ☐ Delete
NAME WOODS, ELLIOTT
STREET ADDRESS 4111 NE 21 WAY 201C
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE T ☐ Delete
NAME FABBRI, MARCELLA
STREET ADDRESS 2110 NE 42 ST 1B
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Add
000000413128
02/10/06-80077-003 61.25

☐ Change ☐ Add

☐ Change ☐ Add

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

LINDA STUDENSKI

L. H. ... 2-6 CIV. 946-9331