2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mar 20, 2008 8:00 am Secretary of State **DOCUMENT #723618** 03-20-2008 90039 022 ****70 00 ASHLEY ARMS CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 4111 NE 21ST WAY 4111 NE 21ST WAY LIGHTHOUSE POINT, FL 33064 LIGHTHOUSE POINT, FL 33064 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03122008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-1408618 City & State City & State Applied For Not Applicable 7in Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Christing Doone EMERY, MICHAELRY 888 SO ANDREWS AVE #201 Street Address (P.O. Box Number is Not Acceptable) FORT LAUBERDALE, EL 33316 4111 NEZIWAM 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 3/12/08 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Kelly Josephion, TITLE TITLE Ø D Change Addition Delete STUDENSKI, LINDA NAME 2110 NE 42 Nd Street #48. President STREET ADDRESS 4111 NE 21 WAY 106C STREET ADDRESS LighthousePt, 57 33004 Oilletor. CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064 CITY-ST-ZIP TDUP CHURTING M. DOONS HILL NESI WAY # SOY Delete TITLE Change Addition FABBRI, MARCELLA NAME NAME STREET ADDRESS CITY-ST-ZIP 2110 NE 42 ST 1B STREET ADDRESS Lighthouse Pt Fe 33064 LIGHTHOUSE POINT, FL 33064 CITY-ST-ZIP VPD MILE Delete TITLE ☐ Change Addition TEMPESTA, MICHAEL iBarbara Ward NAME NAME 4111NEZIWAY #204 STREET ADDRESS 4111 NE 21 WAY 210C STREET ADDRESS Linkmonelt, LIGHTHOUSE POINT, FL 33064 CITY-ST-ZIP CITY - ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TÜLE ☐ Delete TIDE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

FILED

Paud OK 62 < 3/18/08