2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# 723618

Entity Name: ASHLEY ARMS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4111 NE 21ST WAY
LIGHTHOUSE POINT, FL 33064

New Principal Place of Business:

Current Mailing Address:

4111 NE 21ST WAY
LIGHTHOUSE POINT, FL 33064

New Mailing Address:

FEI Number: 59-1408618 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOONE, CHRISTINA
4111 NE 21 WAY 204
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JOSEPHSON, KELLY
Address: 2110 NE 42ND ST 48
City-St-Zip: POMPANO BEACH, FL 33064

Title: TDVP ( ) Delete
Name: DOONE, CHRISTINA M
Address: 4111 NE 21 WAY 204
City-St-Zip: POMPANO BEACH, FL 33064

Title: SD ( ) Delete
Name: WARD, BARBARA
Address: 4111 NE 21 WAY 204
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition
Name: JOSEPHSON, KELLY
Address: 2110 NE 42ND ST 48
City-St-Zip: POMPANO BEACH, FL 33064

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: WARD, BARBARA
Address: 4111 NE 21 WAY 204
City-St-Zip: POMPANO BEACH, FL 33064

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINA M. DOONE TDVP 04/14/2009

Electronic Signature of Signing Officer or Director — Date